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Citation: Brydan, David (2016) Franco's Internationalists : Spanish health and welfare experts on the world stage, 1939-1959. [Thesis] (Unpublished)

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**Franco's Internationalists: Spanish Health and Welfare Experts on the
World Stage, 1939-1959**

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Submitted for the degree of Doctor of Philosophy

July 2016

Declaration of Authorship

I, David Brydan, hereby declare that this thesis and the work presented in it is entirely my own.
Where I have consulted the work of others, this is always clearly stated.

Signed:

Date:

Abstract

This thesis examines how Spanish health and welfare experts thought and acted internationally during the first two decades of the Franco regime. Many Spanish experts were active on the world stage during the period, attending international conferences and events, collaborating with colleagues abroad, and working with international organisations. They formed part of the Francoist elites who were involved in a constant struggle to establish Spanish prestige and influence during the 1940s and 1950s, attempting to embed Spain into the international structures emerging around them, and to construct new patterns of international cooperation aligned with Francoist interests and ideology. Health and welfare experts were central to these efforts, able to exploit the ideas and practice which underpinned the internationalism of their profession, and to project an image of Franco's Spain as a modern, scientifically advanced and socially just state.

Drawing on the archival records of a range of international organisations, national governments and private groups from six different countries, this thesis reconstructs the international networks in which Spanish health and welfare experts operated. The first three chapters deal with their efforts to engage with the various international systems which developed during the period, from the Nazi 'New Order' to the United Nations. The final chapters explore three interrelated and overlapping ways in which Spanish experts attempted, with varying degrees of success, to construct alternative forms of international cooperation, from inter-imperialism in colonial Africa, to the forms of Catholic internationalism which emerged in the post-war period. By examining patterns of international cooperation from the perspective of Franco's Spain, this thesis argues that the 1940s and 1950s were not characterised by the rise and fall of a unified model of liberal internationalism, but by an evolving struggle between competing and overlapping *internationalisms* from across the political spectrum.

Acknowledgements

I have been extremely fortunate in the support and guidance I have received from my two supervisors. Jessica Reinisch has been unfailingly generous, supportive and insightful over the past three years, and I would like to thank her for giving me the opportunity to undertake this research and to join her team. Mary Vincent has provided valuable feedback and guidance, and has been extremely generous with her time and attention. I have also benefitted enormously from belonging to the *Reluctant Internationalists* group at Birkbeck, which has provided a supportive and stimulating environment in which to develop my research. I would like to thank the members of the group, Ana Antic, Dora Vargha, Francesca Piana and Johanna Conterio, as well as all of the Visiting Fellows and other friends of the project who have provided their comments and suggestions over the past three years.

Many people have provided sources, information and suggestions which have contributed to this thesis, including Helen Graham, Marició Janué i Miret, Rosy Rickett, Xosé Manoel Núñez Seixas and Toni Morant. My work has benefitted greatly from the feedback I have received at a number of conferences over the last few years, and I would particularly like to thank the members of the Cañada Blanch Research Students Group, as well as Ángel Alcalde and Mercedes Peñalba-Sotorrío, for giving me the opportunity to present at their events. I have received valuable support from staff at a large number of archives and libraries, and would particularly like to thank those at the World Health Organization Archive in Geneva, the Catholic University Archives in Washington D.C., and the Spanish Red Cross Documentation Centre in Madrid. Irene Pérez García, the archivist at CEU San Pablo University in Madrid, was particularly helpful and welcoming during my time there.

Katherine Brydan was remarkably understanding about my decision to quit my job to start a PhD, and her love and support has sustained me ever since. Thank you to my father, Martin Bryan, for showing me how to punctuate quotations correctly. He wrote a book when I was very young and thanked me in the acknowledgements for bringing him biscuits while he was writing. Joyce Brydan isn't old enough to know what a biscuit is yet, but she has helped me all the same.

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List of Abbreviations

AACNP	Archivo de la Asociación Católica de Propagandistas
AAPA	Auswärtiges Amt, Politisches Archiv, Berlin
ACNP	Asociación Católica Nacional de Propagandistas
AdS	Archivio dello Stato, Rome
AGA	Archivo General de la Administración, Alcalá de Henares
AGM	Archivo General Militar, Ávila
AHG	Asociación Hispano-Germana
AHN	Archivo Histórico Nacional, Madrid
ANCWC	Archive of the National Catholic Welfare Conference
ASA	Ayuda Social Americana
BArch	Bundesarchiv, Lichterfelde
BOE	Boletín Oficial del Estado
CCTA	Combined Commission for Technical Co-operation in Africa South of the Sahara
CDCC	Committee for the Defence of Christian Civilisation
CEDI	Centro Europeo de Documentación e Información
CDCRE	Centro de Documentación de Cruz Roja Española, Madrid
CDMH	Centro Documental de la Memoria Histórica, Salamanca
CICIAMS	Comité Internacional Católico de Asistencia Médico Social
CIPETA	Comisión Interministerial para el Envío de Trabajadores a <i>Alemania</i>
CSIC	Consejo Superior de Investigaciones Científicas
DEV	División Española de Voluntarios
DGMC	Dirección general de Marruecos y Colonias
DIAA	Deutsch-Ibero-Amerikanischen Ärzteakademie
DSG	Deutsch-Spanishce Gesellschaft
ECOSOC	United Nations Economic and Social Council
EEC	European Economic Community
FERS	Federación Española de Religiosas Sanitarias
GGG	Gobernador general de Guinea
GStA	Geheimes Staatsarchiv Preussischer Kulturbesitz, Berlin
HOAC	Hermandad Obrera de Acción Católica
ICH	Instituto de Cultura Hispánica
ICN	International Council of Nurses

ILO	International Labour Organization
IMF	International Monetary Fund
INP	Instituto Nacional de Previsión
JAE	Junta para la Ampliación de Estudios
LNHO	League of Nations Health Organisation
LONA	League of Nations Archive, Geneva
MAE	Ministerio de Asuntos Exteriores
NCWC	National Catholic Welfare Conference
OAS	Organization of American States
OEEC	Organisation for European Economic Co-operation
OIHP	Office International d'Hygiène Publique
OISS	Organización Ibero-Americana de Seguridad Social
SEATO	South East Asia Treaty Organization
SEU	Sindicato Español Universitario
SI	Salus Infirmorum
SOE	Seguro Obligatorio de Enfermedad
TNA	The National Archives, Kew
TPC	Technical Preparatory Committee
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Emergency Fund
UNRRA	United Nations Relief and Rehabilitation Administration
UPUEE	Unión de Profesores Universitarios Españoles en el Extranjero
WLA	Wellcome Library Archives and Manuscripts
WHO	World Health Organization
WHOA	World Health Organization Archive, Geneva
WHO IRIS	World Health Organization Institutional Repository for Data Sharing

Introduction

On 9 December 1946, tens of thousands of people gathered in Madrid's *Plaza de Oriente* and in other major Spanish cities to protest against the United Nations (UN).¹ The demonstration came at the height of the so-called 'Spanish Question', the international debate about Spain's position in the post-war world which had been taking place in and around the UN over the course of the previous year. At the heart of this debate was the question of how to deal with a regime which had risen to power thanks to the support of the defeated Axis states and which was tainted by its association with fascism. Just three days later the Security Council would decide to exclude Spain from the UN and all of its specialised agencies, and would call on all nations to withdraw their ambassadors from Madrid. While this moment represented a diplomatic crisis for the Franco regime, internally it provided a valuable opportunity to mobilise and consolidate its popular support. By framing the crisis as one of Spanish resistance to outside interference, the regime could draw on widespread patriotic sentiment and on the rhetoric of a Civil War supposedly fought to defend Spain from foreign domination. The placards and banners held aloft by the crowd on 9 December reflected this nationalistic belligerence: 'Spain doesn't take orders!', they read; 'We would cease to be Spaniards if we gave in to foreign meddling'.² Addressing the demonstrators, Franco attempted to turn the tables on those who denounced his regime as fascist. Until the nations of the world should come to be dominated by 'an international fascism which controls and merges them', he argued, 'no-one has the right to interfere with a nation's private affairs'.³ He also suggested that opposition to Spain at the UN was being driven by the Spanish Republican government in exile, 'the sons of Giral and *La Pasionaria*', and by Soviet forces aiming to extend communist domination beyond Eastern Europe.⁴ 'Franco, yes! Communism, no!', cried the crowd in response.⁵

¹ Contemporary reports suggested that over half a million people attended the Madrid demonstration. Although this was almost certainly an exaggeration, photographs and news footage from the time attest to the scale of the protests. On the importance of the demonstration for the post-war Franco regime, see Javier Tusell, *Franco y los católicos: la política interior española entre 1945 y 1957* (Madrid: Alianza, 1984), 154-55; Paul Preston, *Franco: A Biography* (London: Fontana Press, 1995), 561-62; Michael Richards, *After the Civil War: Making Memory and Re-Making Spain since 1936* (Cambridge: Cambridge University Press, 2013), 140-41.

² ABC, 10 Dec 1946, 15-17.

³ ABC, 10 Dec 1946, 16

⁴ José Giral was the leader of the Republican government in exile between 1945 and 1947. Dolores Ibárruri, known as *Pasionaria*, was a Basque Communist famous for her radio broadcasts from besieged Madrid during the Civil War. At the time she was the General Secretary of the Spanish Communist Party.

⁵ ABC, 10 December 1946, 16

These protests seem to epitomise the isolation of Franco's Spain during the early years of the regime, an isolation imposed from the outside but at the same time embraced from within. For the regime and its supporters, the liberal internationalism of the UN and the Spanish Republic symbolised the threat of international communism, the negation of Spanish values, and the attempt to deny Spain the power and influence its glorious history deserved. Among the crowd that day, however, was a man whose career is difficult to reconcile with such attitudes. A specialist in internal medicine, cardiology and nutrition, Carlos Jiménez Díaz was one of the few scientists of genuine international renown to have remained in Spain following the Civil War.⁶ Having already built a successful and high-profile career in the 1920s and 1930s, he had quickly re-established himself at the heart of Spain's scientific and medical establishment after 1939, holding a variety of influential government health and research roles, before going on to found and direct the Institute of Medical Research in Madrid. In his international mobility and his commitment to international cooperation, he was in many ways a typical twentieth-century scientific internationalist. Much of his early career had been spent studying and working abroad, primarily in Germany. After 1939 he travelled and worked extensively in Europe and the Americas, becoming a founding member and vice-president of the International Society of Internal Medicine, receiving honorary doctorates from universities around the world, and working with international health organisations such as the WHO.⁷ Nevertheless, in December 1946 he had felt compelled as a 'Spaniard and patriot' to protest against foreign interference and to demonstrate his support for the Caudillo, according to his nephew and biographer the only time in his life he took part in a public demonstration.⁸

Jiménez Díaz was not alone in this decision. Among the demonstrators in Madrid that day were a number of Spanish scientists and health experts who had pursued similarly international careers, including the physician and endocrinologist Gregorio Marañón.⁹ What does their presence tell us about the 'isolation' of the early Franco regime? Their involvement in the protest certainly suggests that the attitude of Franco's supporters towards the outside world was not necessarily straightforward or homogenous. How can we reconcile the belligerent nationalism of the demonstration, the sense of Spain united against the world, with the international experience and outlook of men like Jiménez Díaz? Despite their support for the regime, they were certainly not prepared to turn their back on decades of international

⁶ For a contemporary estimation of his work from outside of Spain, see 'Spanish Medicine', *The British Medical Journal*, 4354 (17 June 1944), 820.

⁷ Carlos Jiménez Díaz, *La historia de mi instituto* (Madrid: Montalvo, 1965); M. Jiménez Casado, *Doctor Jiménez Díaz, vida y obra: la persecución de un sueño* (Madrid: Fundación Conchita Rábago de Jiménez Díaz, 1993).

⁸ Jiménez Casado, *Doctor Jiménez Díaz*, 296.

⁹ 'Indescriptible aspecto de la capital', *La Vanguardia*, 10 December 1946, 1. On the life and work of Marañón, see Antonio López Vega, *Biobibliografía de Gregorio Marañón* (Madrid: Dykinson, 2009).

collaboration and engagement. How did the professional internationalism of these experts affect their relationship with the Franco regime, and vice versa? Drawing on archival materials from a range of international organisations, national governments and private groups taken from six different countries, this thesis answers these questions by exploring the international activities of Spanish health and welfare experts under the early Franco regime, asking what it meant for Francoist elites to think and act internationally. In doing so it provides a new perspective on the history of internationalism and international health during the middle of the twentieth-century, and on the relationship between Franco's Spain and the wider world.

Diplomatic and economic histories of the period have traditionally focussed on the isolation of the Franco regime during its early years and its partial re-integration into the Cold War West from the 1950s onwards.¹⁰ During the early stages of the Second World War Spain was broadly aligned with the Axis powers, officially declaring itself 'non-belligerent', rather than neutral, in 1940. However, Franco's offer to formally join the Axis military coalition was rejected by Hitler who was unwilling to meet Spain's economic and territorial demands. Although the volunteer 'Blue Division' was sent to fight alongside Nazi Germany on the Eastern Front in 1941, widespread Francoist enthusiasm for the Axis cause was tempered by Franco's habitual caution and by support for the Allies amongst much of Spain's traditional and military elites. As the tide of war turned the regime increasingly distanced itself from the Axis, without ever fully being accepted by the Allied powers.¹¹ This distrust lingered into the post-war period. The Franco regime's ties to the defeated Axis powers meant that it was excluded from the UN in 1945 and became subject to a widespread diplomatic boycott.¹² On the economic front, the regime's pursuit of autarky and import substitution cut Spain off from international capital flows, and, combined with its post-war exclusion from the Marshall Plan and its associated institutions, meant that it did not enjoy the rapid economic recovery experienced by most of its European neighbours from the late 1940s.¹³ Over the course of the 1950s, however,

¹⁰ General works include Christian Leitz and David J. Dunthorn (eds.), *Spain in an International Context, 1936-1959* (New York and Oxford: Berghahn Books, 1999); Javier Tusell, Juan Avilés and Rosa Pardo (eds.), *La política exterior de España en el siglo XX* (Madrid: Biblioteca Nueva, 2000); Lorenzo Delgado Gómez-Escalonilla, Ricardo Martín de la Guardia and Rosa Pardo Sanz (eds.), *La apertura internacional de España: entre el franquismo y la democracia, 1953-1986* (Madrid: Silex, 2016).

¹¹ Wayne H. Bowen, *Spaniards and Nazi Germany: Collaboration in the New Order* (Columbia: University of Missouri Press, 2000); Stanley G. Payne, *Franco and Hitler: Spain, Germany, and World War II* (New Haven: Yale University Press, 2008); David Wingeate Pike, *Franco and the Axis Stigma* (Basingstoke: Palgrave Macmillan, 2008).

¹² Florentino Portero, *Franco aislado: la cuestión española, 1945-1950* (Madrid: Aguilar, 1989); Irene Sánchez González, *Diez años de soledad: España, la ONU y la dictadura franquista, 1945-1955* (Seville: Editorial Universidad de Sevilla, 2015).

¹³ Antonio Gómez Mendoza, *De mitos y milagros: el Instituto Nacional de Autarquía, 1941-1963* (Barcelona: Ediciones Universitat Barcelona, 2000), 9-14; Carlos Barciela (ed.), *Autarquía y mercado negro: el fracaso económico del primer franquismo, 1939-1959* (Barcelona: Crítica, 2003); Glicerio Sánchez Recio and Luis Julio Tascón Fernández, *Los empresarios de Franco: política y economía en*

Franco's Spain began to be partially integrated into the post-war international system.¹⁴ The emergence of the Cold War allowed Franco to shift attention away from Spain's fascist past towards its anti-communist credentials, and the opposition of the western democracies quickly began to weaken. The Franco regime initially sought access to the UN system through membership of specialised agencies, joining the WHO in 1951 and UNESCO in 1952. In 1953 it signed the Concordat with the Vatican and the Pact of Madrid with the United States, through which the US agreed to provide military and economic aid in return for permission to build air and naval bases on Spanish territory.¹⁵ As a result of these improved diplomatic fortunes, Spain was granted full membership of the UN in 1955. This was followed later in the decade by membership of the OEEC, the IMF and the World Bank, although Spain remained excluded from both NATO and the EEC until after the transition to democracy.¹⁶ Despite some liberalisation of the economy, the regime remained formally committed to autarky during the first half of the 1950s. It was not until the promotion of a new generation of technocrats linked to the Catholic group Opus Dei from 1957 that large scale reforms were implemented, culminating in the Stabilisation Plan of 1959 which liberalised foreign trade and opened up the Spanish economy to foreign investment.¹⁷

The 'hard' version of the isolation narrative, the idea that the early history of Franco's Spain was characterised by isolation and autarky, has long been undermined by research showing the extent to which Spain retained ties with the outside world. In the immediate post-war period, the regime was able to access vital diplomatic support from Peron's Argentina and other Latin American countries, as well as, crucially, from a large number of Arab states.¹⁸ Nor was Spanish economic isolation ever complete. Spanish companies continued to trade abroad throughout the period of autarky, and Spain played an important role in Europe's post-war recovery through its ongoing trading links and its role in supplying materials that were vital to

España, 1936-1957 (Barcelona: Crítica, 2003); Antonio Cazorla Sánchez, *Fear and Progress: Ordinary Lives in Franco's Spain, 1939-1975* (Chichester: Wiley-Blackwell, 2010).

¹⁴ Pedro Martínez Lillo, 'La política exterior de España en el marco de la Guerra Fría: del aislamiento limitado a la integración parcial en la sociedad internacional', in Javier Tusell, Juan Avilés and Rosa Pardo (eds.), *La política exterior de España en el siglo XX* (Madrid: Biblioteca Nueva, 2000).

¹⁵ Ángel Viñas, *En las garras del águila: los pactos con Estados Unidos de Francisco Franco a Felipe González, 1945-1995* (Barcelona: Crítica, 2003).

¹⁶ Manuel Varela Parache (ed.), *El Fondo Monetario Internacional, el Banco Mundial y la economía española* (Madrid: Ediciones Pirámide, 1994).

¹⁷ María Elena Cavallaro, *Los orígenes de la integración de España en Europa: desde el franquismo hasta los años de la transición* (Madrid: Silex, 2009); Jesús M. Zaratiegui, *Una Europa para dos Españas: primeros pasos hacia la integración, 1957-1963* (Pamplona: EUNSA, 2010); Jesús M. Zaratiegui, *Europa, de entrada, no, 1963-1968* (Pamplona: EUNSA, 2014).

¹⁸ Raanan Rein, *The Franco-Perón Alliance: Relations between Spain and Argentina, 1946-1955* (Pittsburgh: University of Pittsburgh Press, 1993); Raanan Rein, *Franco, Israel y los judíos* (Madrid: Consejo Superior de Investigaciones Científicas, 1996).

relief and reconstruction efforts.¹⁹ The wave of economic emigration, which reached its peak in the 1960s, exposed Spaniards to life in democratic Europe, both directly for those who went and indirectly for those with friends and family members who later returned.²⁰ The arrival of mass tourism in Spain during the same period also had a profound effect on Spanish society and on international attitudes towards Spain.²¹

Nevertheless, a 'soft' version of the isolation narrative persists, one which characterises the Franco era, particularly during the period from 1939 to 1959, as one of broad Spanish disengagement from the outside world. This view is underpinned by the argument that diplomatic isolation and economic autarky were accompanied by a wider social and cultural isolation, a deliberate attempt by the regime to cut off Spanish society from the rest of the world. Michael Richards, for example, argues that the Franco regime's efforts to impose self-sufficiency on Spain formed an important part of its post-war repression, and that autarky represented a form of violent social quarantine:

Economic autarky was only part of a broader desire to seal off society, to enclose Spain. The conflict [the Civil War] was deemed to have revealed a national 'collective psychology' to be protected, nurtured and encouraged by an essentialist ideology related to everyday life and violence. An imposed quarantine or silencing signified the continuation of war as a work of cultural destruction in the broadest sense...A cultural and economic barrier was erected around Spain and around Spaniards.²²

In this interpretation of the period, economic self-sufficiency formed part of a Francoist ideological commitment to reshaping Spanish society, sealing off post-war Spain and protecting its national purity from the threat of external contamination. Many of the country's most outward-looking and cosmopolitan elites had fled into exile after the Civil War, while those who replaced them were committed to an inward-looking, isolationist nationalism.²³ In

¹⁹ Fernando Guirao, *Spain and the Reconstruction of Western Europe, 1945-57: Challenge and Response* (Basingstoke: Macmillan, 1998).

²⁰ Ana Fernández Asperilla, 'La emigración como exportación de mano de obra: el fenómeno migratorio a Europa durante el franquismo', *Historia Social*, 30 (1998), 63-81; José Babiano and Sebastián Farré, 'La emigración española a Europa durante los años sesenta: Francia y Suiza como países de acogida', *Historia Social*, 42 (2002), 81-98; María José Fernández Vicente, 'Entre política "sociolaboral" y "Realpolitik": la política del régimen franquista en materia de emigración, 1946-1956', *Ayer*, 51 (2003), 179-99; Carlos Sanz Díaz, 'Emigración de retorno desde Alemania y política migratoria durante el franquismo, 1960-1975', *Anales de Historia Contemporánea*, 24 (2008), 361-80.

²¹ Sasha D. Pack, *Tourism and Dictatorship: Europe's Peaceful Invasion of Franco's Spain* (London: Palgrave, 2006); Eric Storm, 'Una España más española: la influencia del turismo en la imagen nacional', in Javier Moreno Luzón and Xosé M. Núñez Seixas (eds.), *Ser españoles: imaginarios nacionalistas en el siglo XX* (Barcelona: RBA, 2013), 530-60.

²² Michael Richards, *A Time of Silence: Civil War and the Culture of Repression in Franco's Spain, 1936-1945* (Cambridge: Cambridge University Press, 1998), 2-4.

²³ Henry Kamen, *The Disinherited: The Exiles Who Created Spanish Culture* (London: Allen Lane, 2007); Josep Lluís Barona (ed.), *El exilio científico republicano* (València: Publicacions de la Universitat de València, 2010).

the early years of the regime the largest group of ordinary Spaniards to directly experience life outside of Spain were workers sent to Nazi Germany.²⁴ The 'internationalisation' or 'transnationalisation' of Spain was thus something that largely took place following the liberalisation of the Spanish economy in 1959, or the transition to democracy after 1975.²⁵

This thesis provides a new perspective on the first two decades of the Franco regime. Rather than turning its back on the outside world during the period, it argues that Franco's Spain was intent on carving out an international role at a time when its relationship with the international community was in constant flux. Although the mass of the Spanish population were indeed subject to a degree of social and cultural isolation, a core group of Francoist elites were engaged in an ongoing quest for international status and influence. It also argues that Spanish health and welfare experts were at the heart of these efforts. Jiménez Díaz was far from the only figure in Franco's Spain whose international activities appear to challenge the idea of Francoist isolation. A wide range of experts holding prominent academic and government positions under the Franco regime also worked actively on the world stage throughout the 1940s and 1950s, attending international conferences and events, collaborating with colleagues abroad, and both contributing to and drawing on the work of international organisations. In part they were driven by a professional commitment to international science and medicine. Like Jiménez Díaz, however, they also saw themselves as 'Spaniards and patriots', helping to re-establish Spain's international reputation by representing the country to the outside world. Using their involvement in international organisations and networks, they sought to present Franco's Spain as a responsible, scientifically-advanced and socially-progressive member of the international community.

There were two ways in which they pursued these goals. The first was to adapt to the world as it presented itself, to the shifting reality of the international order, initially in the form of the Axis powers and the Nazi-dominated 'New Order', and later of the post-war international system built around the UN. The former was in many ways a more comfortable fit for a regime which owed its victory in the Civil War to the support of Nazi Germany and Fascist Italy, and whose political and ideological origins lay in the authoritarian European right of the 1930s. The rhetoric of liberalism, universalism and human rights which surrounded the creation of the UN, made the latter a much more troubling prospect, at least until the escalation of the Cold War in the early 1950s. The second approach was to forge new international networks, affiliations and 'imagined communities' more closely aligned with Spanish history, culture and geography,

²⁴ José Luis Rodríguez Jiménez, *Los esclavos españoles de Hitler* (Barcelona: Planeta, 2002).

²⁵ Nigel Townson, *Spain Transformed: The Franco Dictatorship, 1959-1975* (Basingstoke: Palgrave Macmillan, 2007), 3; Otto Holman, *Integrating Southern Europe: EC Expansion and the Transnationalization of Spain* (London: Routledge, 1996).

structures in which Spain would be at the centre rather than the periphery. It was for this reason that the 1940s and 1950s witnessed a sustained interest in Spanish Africa and of Spain's position as one of the remaining European imperial powers, in the idea of an Ibero-American region united under Spanish tutelage by the historical, cultural and linguistic ties of *Hispanidad*, and in new forms of Catholic internationalism in which Spain, as the most Catholic of nations led by the most Catholic of regimes, could play a prominent role.

By examining the international activities of Francoist experts, this thesis systematically brings together the history of the Franco regime with the history of internationalism and international health for the first time. In addition to its interpretation of the early Franco era, it also makes two key contributions to the scholarly literature on mid-twentieth century internationalism. Firstly, it challenges dominant narratives of internationalism as a liberal, progressive movement by foregrounding the history of fascist, nationalist, imperialist and religious forms of international cooperation. The literature on the history of internationalism and transnationalism has rapidly expanded over the past two decades, but has often been characterised by a focus on liberal forms of international cooperation, particularly within mainstream international organisations such as the League of Nations and the UN, and on occasions by a teleological approach to the growth of international society. In his recent book on the post-1945 world, for example, Akira Iriye argues that, although in the first half of the twentieth century the emergence of transnational society existed side by side with divisive visions of empire and cultural nationalism,

the world since 1945 has transformed itself into a series of interlocking relationships in such a way as to bridge the gap, although never entirely, between human unity and human division.... in doing so breaking down walls of separation that had existed earlier.²⁶

By reading backwards from contemporary concepts of globalization, such accounts often present the history of internationalism as a form linear progress towards the 'global', in which the growth of international organisations and transnational society gradually served to overcome political and cultural divisions between nations and peoples.²⁷ The literature's traditional emphasis on humanitarian and philanthropic organisations, scientific exchange, social movements and liberal activists from Europe and North America helps to reinforce these narratives by highlighting the internationalist outlooks and ambitions of actors, who,

²⁶ Akira Iriye (ed.), *Global Interdependence: The World after 1945* (Cambridge, Mass.: Harvard University Press, 2014).

²⁷ See also Akira Iriye, *Global Community: The Role of International Organizations in the Making of the Contemporary World* (Berkeley: University of California Press, 2002).

particularly in the aftermath of the First and Second World Wars, were often driven by a desire to overcome national divisions and build a new form of global community.²⁸

These progressive movements undeniably constitute an important part of the history of internationalism. They were not, however, the only ways of thinking and acting internationally which emerged from the nineteenth century onwards. In recent years historians have begun to highlight the alternative forms of internationalism which developed during the same period, broadening the field out from its traditional focus on liberal international organisations and movements.²⁹ Most prominent among these were the forms of socialist and communist internationalism which also emerged in the late nineteenth century, and which existed alongside and in opposition to liberal international organisations throughout much of the twentieth century, most notably in the form of the First and Second Internationals, the Comintern and Cominform.³⁰ The idea of the solidarity of the working classes across national borders underpinned the early growth of the international socialist movement. After the Russian revolution in 1919 the Soviet Union became the focal point and coordinator of international communism, while the post-1945 era saw the emergence of vibrant, and often conflicting, forms of socialist internationalism across the Soviet Union, Eastern Europe, Africa and Asia.³¹

The case of Franco's Spain, however, demonstrates that socialism was not the only alternative to liberal internationalism. Rather, diverse models of international cooperation existed across the political spectrum, based on a variety of ideological, geographical, historical and religious affiliations. In response to socialist and liberal forms of internationalism, for example, fascists and nationalists began to pursue international cooperation from the end of the nineteenth century, the 'dark side of internationalism' which culminated in the Nazi 'New Order' during

²⁸ This is particularly evident in histories of international and global health. See for example T. M. Brown, M. Cueto and E. Fee, 'The World Health Organization and the Transition from "International" to "Global" Public Health', *American Journal of Public Health*, 96 (2006), 62-72; Anne-Emanuelle Birn and Theodore M. Brown (eds.), *Comrades in Health: U.S. Health Internationalists Abroad and at Home* (New Brunswick: Rutgers University Press, 2013); Iris Borowy and Anne Hardy (eds.), *Of Medicine and Men: Biographies and Ideas in European Social Medicine between the World Wars* (Frankfurt am Main: Peter Lang, 2008).

²⁹ For an overview and discussion of these trends, see Ana Antic, Johanna Conterio and Dora Vargha, 'Conclusion: Beyond Liberal Internationalism', *Contemporary European History*, 25 (2016), 359-71.

³⁰ Brigitte Studer, *The Transnational World of the Cominternians* (Basingstoke: Palgrave Macmillan, 2015); Daniel Laqua, 'Democratic Politics and the League of Nations: The Labour and Socialist International as a Protagonist of Interwar Internationalism', *Contemporary European History*, 24 (2015), 175-92.

³¹ Rachel Applebaum, 'The Friendship Project: Socialist Internationalism in the Soviet Union and Czechoslovakia in the 1950s and 1960s', *Slavic Review*, 74 (2015), 484-507; Elidor Mëhilli, 'Socialist Encounters: Albania and the Transnational Eastern Bloc in the 1950s', in Patryk Bibiracki and Kenyon Zimmer (eds.), *Cold War Crossings: International Travel and Exchange across the Soviet Bloc, 1940s-1960s* (College Station: Texas A&M University Press, 2014); James Mark, et al., '"We Are with You, Vietnam": Transnational Solidarities in Socialist Hungary, Poland and Yugoslavia', *Journal of Contemporary History*, 50 (2015), 439-64.

the Second World War.³² At the same time, European imperial powers attempted to build international structures which would allow them to protect and strengthen their empires, or to build new quasi-imperial networks of informal power and influence once their formal empires had collapsed.³³ Combining traditional notions of religious universality with modern forms of international association, Jewish, Protestant and Catholic organisations were also established to pursue humanitarian work, advocate for the rights of their particular communities, and to promote religious values on the world stage.³⁴

By examining the way elites within an authoritarian nationalist regime thought and acted internationally, this thesis reveals the 1940s and 1950s not as a period characterised by the rise and fall of a unified model of liberal internationalism, but as a kaleidoscope of competing and overlapping *internationalisms*. In doing so it demonstrates the overlaps and continuities between liberal and illiberal forms of internationalism, showing, for example, how individuals moved seamlessly from the League of Nations, to the Nazi 'New Order' and back again to the UN system. It also shows how these competing forms of internationalism developed both alongside and in opposition to each other. The post-war Catholic internationalism which was so important to Franco's Spain, for example, represented both an intense engagement with the post-war international system, and an attempt to prevent secular organisations such as the UN from forging a new world order based on 'material' values anathema to the Catholic faith. Finally, it builds on recent works by Glenda Sluga and others by providing a concrete case study of the relationship between nationalism and internationalism in the twentieth century, examining what the 'international' meant for nationalists and nationalist regimes, and what the 'national' meant for international experts and institutions.³⁵

The second major contribution this thesis makes to the field is to show how 'technical' experts and expertise came to play a key political role in the history of mid-twentieth century internationalism, shaping crucial debates about universality, international hierarchies and the status of international 'outsiders'. The fields in which international cooperation began to flourish during the nineteenth century, from public health to communications and social reform, required individuals with a high degree of technical understanding to deal with the

³² Martin Durham and Margaret Power (eds.), *New Perspectives on the Transnational Right* (Basingstoke: Palgrave Macmillan, 2010); Kiran Klaus Patel and Sven Reichardt, 'The Dark Side of Transnationalism: Social Engineering and Nazism, 1930s–40s', *Journal of Contemporary History*, 51 (2016), 3–21.

³³ Mark Mazower, *No Enchanted Palace: The End of Empire and the Ideological Origins of the United Nations* (Princeton: Princeton University Press, 2009); Susan Pedersen, *The Guardians: The League of Nations and the Crisis of Empire* (Oxford: Oxford University Press, 2015).

³⁴ Abigail Green and Vincent Viaene (eds.), *Religious Internationalism in the Modern World: Globalization and Faith Communities since 1750* (Basingstoke: Palgrave Macmillan, 2012).

³⁵ Glenda Sluga, *Internationalism in the Age of Nationalism* (Philadelphia: University of Philadelphia Press, 2013).

demands of formulating policy across borders. In coming together in conferences, committees and organisations to discuss these issues, the experts involved developed what Peter Haas has labelled 'epistemic communities', transnational networks of expertise composed of professionals working beyond the interests of their individual states, whose authority lay in their provision of dispassionate, scientifically-based advice.³⁶ The international organisations that developed both before and after the First World War often institutionalised these networks by structuring their work around committees of experts, particular in the field of health. The identity of the modern expert thus came to be defined by the self-perception of belonging to a transnational community united by scientific expertise and transcending national borders. Experts, in turn, became constitutive of the 'transnational sphere', of international society and the institutions which encompassed it.³⁷

As this thesis demonstrates, however, the idea of epistemic communities and international 'technical' cooperation could be exploited by international outsiders such as Franco's Spain as a means to overcome political obstacles to international integration. The Franco regime saw international specialized agencies and technical organisations as stepping stones towards acceptance into political bodies such as the UN. Its cultural relations apparatus used health experts as a diplomatic vanguard, able to gain acceptance in international arenas from which Francoist ministers and officials were excluded, and to project an image of Spain as a modern, scientifically-advanced state. In this sense, health formed part of a wider set of 'technical' fields which could be exploited to enhance the international standing of the regime, including aviation, telecommunications and agriculture. In other ways, however, the fields of health and welfare were unique. Many outside of Spain saw the Franco regime as a backwards-looking, traditionalist coalition of conservative elites, which had risen in reaction to the modernising and socially progressive reforms of the Second Republic. The fact that many of the country's most internationally-renowned scientific and cultural figures had fled into exile reinforced the idea that Franco's Spain was a regressive and anti-modern remnant of the inter-war period. Health, medicine and welfare were able to counteract these negative images in ways that other 'technical' fields could not. Not only could health experts be used to demonstrate the continued vitality of Spanish science, they also promoted the regime's apparent commitment to 'social justice' and its efforts to establish a modern and progressive welfare system. In an era in which western states were attempting to refashion a liberal social model to overcome

³⁶ Peter M. Haas, 'Introduction: Epistemic Communities and International Policy Coordination', *International Organization*, 46 (1992), 1-35.

³⁷ Davide Rodogno, Bernhard Struck and Jakob Vogel (eds.), *Shaping the Transnational Sphere: Experts, Networks and Issues from the 1840s to the 1930s* (Oxford: Berghahn Books, 2014); Christophe Charle, Jürgen Schriewer and Peter Wagner (eds.), *Transnational Intellectual Networks: Forms of Academic Knowledge and the Search for Cultural Identities* (Frankfurt: Campus, 2004).

the inadequacies of pre-war systems and to counter the appeal of communism, using health and welfare experts to engage with the outside world helped to normalise Franco's Spain and to situate it with, rather than against, the grain of post-war history.

Nor was this a simple case of political exploitation of technical expertise. Like Jiménez Díaz, most of those experts who chose to remain in Spain after the Civil War and who continued to hold senior positions shared the regime's political and ideological outlook, at least to some degree. Following the post-war administrative purges, only those who could demonstrate their commitment to the regime remained in official roles or senior research posts, and it was not until the emergence of an internal opposition to the regime in the late 1950s that the link between professional advancement and political loyalty began to stretch. Many health and welfare experts had been active in right-wing politics before the war, and those who had not were shaped by their experiences servicing with rebel forces during the conflict. By virtue of their professional status, they formed part of the Spanish elites whose support was so crucial to the survival and longevity of the Franco regime. They also enjoyed material advantages and freedoms unavailable to the vast majority of the Spanish population, including access to the scarce foreign currency reserves which were necessary for international travel. Their professional standing, political beliefs and social and material privileges meant that the vast majority were willing, even enthusiastic participants in efforts to promote the image of Franco's Spain to the outside world.

Francoist experts thus undeniably formed part of 'epistemic communities', but their identities were not solely defined by membership of those communities. This thesis proposes that epistemic communities need to be viewed as both situated and instrumental; they existed within a wider political context and could be used for a variety of political, national, personal or professional ends. As well as being leaders of their respective fields, cooperating with international colleagues on the basis of a shared set of beliefs and practices, the actions and attitudes of the experts who belonged to them were also shaped by their individual national, political, historical, cultural or religious circumstances. Arriving at an international conference or sitting down at an expert committee, they did not shift seamlessly from national to international affiliations, from political beings to apolitical experts. Francoist experts were no exception. On the one hand they were acting as independent scientific figures, members of an epistemic community united across borders by a shared commitment to science and the demands of the field. On the other, they were representing Spain before the world, either directly as government officials or delegates at international organisations, or indirectly as informal ambassadors of Spanish science, the Spanish nation, and, by extension, the Spanish state. They were internationalists, but they were Franco's internationalists.

Franco's Spain and Francoist Welfare

The early years of the Franco regime were characterised by repression and social hardship. More than half a million Spanish refugees fled into exile during and immediately after the war to avoid Francoist 'justice', although many later returned to Spain.³⁸ At the end of the Civil War in 1939 Franco rejected all possibility of social or political reconciliation. Over the following decade, hundreds of thousands of former Republicans were imprisoned and 20,000 executed, in addition to the more than 100,000 estimated to have been killed outside of the field of battle during the war itself.³⁹ The vast majority were convicted by arbitrary, partisan and unaccountable military tribunals, with little or no recourse to normal juridical principles. Prisoners were housed in squalid, overcrowded camps rife with infectious diseases, and were compelled to undertake forced labour in the harshest conditions. Those who avoided prison were frequently dismissed from their jobs, particularly if they had worked in professional or government roles, and suffered ongoing persecution from local military, police and political authorities.⁴⁰

These forms of physical repression were combined with the imposition of an oppressive ideological and political conformity. The political system was dominated by the figure of Franco himself, and by the single party, formally called the *Falange Española Tradicionalista y de las JONS* but commonly referred to as the 'Movement' (*Movimiento* or *Movimiento Nacional*) which had been established in 1937 through the amalgamation the Falange and the Carlists, accompanied by the dissolution of the other parties and factions which had made up the rebel coalition.⁴¹ Although this unity masked a certain degree of plurality between the Falangist, Catholic, military and monarchist 'families' which competed for dominance⁴², and

³⁸ Alicia Alted estimates that 465,000 Spaniards fled to France at the beginning of 1939, joining more than 50,000 who had left during earlier stages of the war. Two-thirds of these returned to Spain over the following months, with the rest remaining in exile. Alicia Alted, *La voz de los vencidos: el exilio republicano de 1939* (Madrid: Aguilar, 2005), 29-58. See also Julio Martín Casas and Pedro Carvajal Urquijo, *El exilio español, 1936-1978* (Barcelona: Planeta, 2002).

³⁹ Paul Preston, *The Spanish Holocaust: Inquisition and Extermination in Twentieth-Century Spain* (London: HarperPress, 2012), xi-xx.

⁴⁰ There is a large and growing literature on repression and violence during the Civil War and its aftermath, including Santos Juliá (ed.), *Víctimas de la Guerra Civil* (Madrid: Ediciones Tema de Hoy, 1999); Javier Rodrigo, *Hasta la raíz: violencia durante la Guerra Civil y la dictadura franquista* (Madrid: Alianza, 2008); Francisco Espinosa Maestre (ed.), *Violencia roja y azul: España, 1936-1950* (Barcelona: Editorial Crítica, 2010); Peter Anderson, *The Francoist Military Trials: Terror and Complicity, 1939-1945* (London: Routledge, 2010); Julius Ruiz, *El terror rojo* (Madrid: Espasa, 2012).

⁴¹ Javier Tusell, *La dictadura de Franco* (Madrid: Altaya, 1988); Stanley G. Payne, *Fascism in Spain, 1923-1977* (Madison: University of Wisconsin Press, 1999).

⁴² The idea of a regime composed of distinct and competing 'families' or 'pillars' is a problematic one, primarily because it risks oversimplifying the complex political, religious and cultural identities of the regime and its supporters, and the degree to which they changed over time. It is, however, widely used within the historiography of Francoism, partly following Juan Linz's argument about the regime's 'limited pluralism'. See Juan J. Linz, 'An Authoritarian Regime: Spain', in Eric Allardt and Yrjö Littunen

which Franco worked assiduously to manage and balance, the regime was underpinned by a National-Catholic ideology which combined the authoritarian nationalism of the Spanish right with integralist Catholic traditions.⁴³ The flexibility of National Catholicism facilitated a shift in the way in which the Franco regime portrayed itself to the outside world, from the fascist-inspired political culture and national syndicalism of the 1930s and early-1940s, to the image of a respectable, moderate power, the 'spiritual reserve of the West', which it projected after 1945. Domestically, the single party dominated the fields of labour and local politics, whilst the Church was charged with the 're-Christianisation' of Spain in order to eradicate the cultural legacies of Republican rule, re-establishing traditional religious, moral and social values through its control of educational and social services.⁴⁴

For most Spaniards, however, the immediate post-Civil War era was dominated, not by political or religious concerns, but by the day-to-day struggle for survival. By 1939, three years of Civil War had already devastated the Spanish economy. The regime's pursuit of autarky, combined with the international economic and physical dislocation caused by the outbreak of the Second World War, made the prospect of a rapid recovery impossible.⁴⁵ These external factors were exacerbated by the actions of the Franco regime, which reversed the progressive social reforms introduced by the Republic in favour of a new social, political and economic order weighted in favour of its key landowning, middle class and military supporters. Scarce supplies of food and basic resources were funnelled towards the regime's supporters or were siphoned off into the black market by corrupt officials. The 'hunger years' of 1939-1945 saw an estimated 200,000 deaths from starvation and malnutrition.⁴⁶ The limited and chaotic social infrastructure established by the regime was used as a means to exert social and political control over the population, particularly those associated with the defeated Republic. Thousands of landless rural workers fled the hunger of the countryside by migrating to urban areas, settling in unsanitary and unplanned shanty towns on the outskirts of the major cities.⁴⁷ Combined with the effectiveness of the post-war repression and limited improvements to standards of living, by the 1950s these policies had helped to consolidate the regime's control over a Spanish population which had largely disengaged from political and public life, with

(eds.), *Cleavages, Ideologies and Party Strategies: Contributions to Comparative Political Sociology* (Helsinki: Westermarck Society, 1964), 291-341.

⁴³ Alfonso Botti, *Cielo y dinero: el nacionalcatolicismo en España* (Madrid: Alianza, 1992); Ismael Saz Campos, *España contra España: Los nacionalismos franquistas* (Madrid: Marcial Pons, 2003).

⁴⁴ Richards, *After the Civil War*, 69-96.

⁴⁵ Barciela (ed.), *Autarquía y mercado negro*.

⁴⁶ Cazorla Sánchez, *Fear and Progress*, 9.

⁴⁷ *Ibid.*, 95-121.

internal opposition limited to emerging student movements and small groups of disillusioned Falangists.⁴⁸

Whereas much of the recent literature on Franco's Spain has been concerned with the nature and extent of post-war repression, the 'fascist' character of the Franco regime, or the memory and memorialisation of the Civil War, the focus of this thesis is the history of health and welfare during the Franco era. Although the regime remodelled Spanish health and welfare in its own political and ideological image, it also inherited and adapted elements of the pre-war system. The majority of Spanish health and welfare services at the turn of the century had been provided by Church and religious groups, with a diverse network of cooperatives, mutuals, company programmes and private providers gradually developing alongside them. It was not until after the First World War that the government began to establish the rudiments of a modern social security system, and to develop a national public health infrastructure.⁴⁹ The arrival of the Second Republic in 1931 inaugurated a major period of health and welfare reform, particularly during the first Azaña government when the Department of Health was led by Marcelino Pascua, a leading figure within the international public health community and a socialist deputy for Las Palmas. Pascua introduced a wide range of reforms aimed at localising and collectivising the healthcare system, placing a greater emphasis on prevention, rural services and social medicine.⁵⁰ Central to these reforms was the introduction of rural health centres aimed at increasing access to basic healthcare for impoverished rural communities. The first Republican government also drew up plans for a compulsory health insurance system for rural and urban workers, and to introduce a unified system of health, disability and unemployment insurance, but they were cut short by the outbreak of war in 1936.⁵¹ Progress in the field was severely hindered by the Civil War, which caused significant disruption to the national health and welfare systems, major outbreaks of diseases such as typhoid, dysentery

⁴⁸ Richards, *After the Civil War*, 128-55.

⁴⁹ Esteban Rodríguez Ocaña, *Salud pública en España: ciencia, profesión y política, siglos XVIII-XX* (Granada: Universidad de Granada, 2005); Jerònia Pons-Pons and Javier Silvestre Rodríguez (eds.), *Los orígenes del Estado del Bienestar en España, 1900-1945: los seguros de accidentes, vejez, desempleo y enfermedad* (Zaragoza: Prensas Universitarias de Zaragoza, 2010). Other Key works on the development of the Spanish public health system include Josep Lluís Barona and Josep Bernabeu-Mestre, *La salud y el estado: el movimiento sanitario internacional y la administración española, 1815-1945* (Valencia: Universitat de València, 2008); Ramón Navarro, *Historia de la sanidad en España* (Barcelona: Lunwerg Editores, 2002); Ricardo Campos, Luis Montiel and Rafael Huertas (eds.), *Medicina, ideología e historia en España, siglos XVI-XXI* (Madrid: Consejo Superior de Investigaciones Científicas, 2007).

⁵⁰ Josep Bernabeu Mestre, 'La utopía reformadora de la Segunda República: la labor de Marcelino Pascua al frente de la Dirección General de Sanidad, 1931-1933', *Revista Española de Salud Pública*, 74 (2000), 1-13.

⁵¹ Jerònia Pons-Pons, 'Los inicios del seguro de enfermedad en España, 1923-1945', in Jerònia Pons-Pons and Javier Silvestre Rodríguez (eds.), *Los orígenes del Estado del Bienestar en España, 1900-1945: los seguros de accidentes, vejez, desempleo y enfermedad* (Zaragoza: Prensas Universitarias de Zaragoza, 2010), 217-46.

and diphtheria, and a loss of medical personnel and public health officials. It also had the effect of militarising the medical and public health professions to an even greater extent than they had been already, and to blurring the lines between military and civilian health after the war.⁵²

During the early years of the Franco regime, the health and welfare system was shaped by two key developments. The first was the purge of health professionals carried out in the immediate aftermath of the war. A large number of doctors, medical researchers and public health experts had already fled into exile during the final stages of the Civil War, including men like Marcelino Pascua and Gustavo Pittaluga who had been in charge of the public health system for much of the previous decade, and medical scientists such as Juan Negrín who had held key political roles within the Republican government.⁵³ Many more, such as the malaria expert Sadí de Buen, were killed during the war itself. Of those who remained, administrative purges meant that many lost their jobs and were barred from practising medicine. Experts and officials whose loyalty to the new regime was in any way suspect were tried before the Tribunal for Political Responsibilities, which fined, imprisoned or dismissed many of the most senior figures within the medical and scientific profession who had not already gone into exile.⁵⁴ These processes had a dramatic effect on the Spanish medical profession. The public health system, which was itself much less severely affected than the wider scientific and educational community, lost 22% of its officers to war, exile and purges between 1936 and 1942.⁵⁵ New entrants to professional and scientific bodies were required to demonstrate their adherence to the principles of 'New State'. As with many other fascist regimes of the period, political loyalty and ideological purity were prioritised over technical expertise.⁵⁶ Many of the leading positions within the public health system were taken by military health officials who had demonstrated their loyalty to the new regime during the Civil War, or who had worked for the public health service during the Primo de Rivera dictatorship of the 1920s and the two year

⁵² D García-Sabell (ed.), *Los médicos y la medicina en la Guerra Civil Española* (Madrid: Laboratorios Beecham, 1986); Josep Lluís Barona and Enrique Perdiguer-Gil, 'Health and The War: Changing Schemes and Health Conditions during the Spanish Civil War', *Dynamis*, 28 (2008), 103-26; Pedro Marset Campos, José Miguel Sáez Gómez and Fernando Martínez Navarro, 'La salud pública durante el franquismo', *Dynamis*, 15 (1995), 211-50.

⁵³ Works on scientific and medical exiles include Josep Lluís Barona (ed.), *Ciencia, salud pública y exilio: España 1875-1939* (Valencia: Seminari d'Estudis sobre la Ciència, 2003); Barona (ed.), *El exilio científico republicano*.

⁵⁴ Luis Enrique Otero Carvajal (ed.), *La destrucción de la ciencia en España: depuración universitaria en el franquismo* (Madrid: Editorial Complutense, 2006).

⁵⁵ Campos, Gómez and Navarro, 'La salud pública durante el franquismo'.

⁵⁶ Rafael Huertas and Carmen Ortiz (eds.), *Ciencia y fascismo* (Madrid: Doce Calles, 1998).

period of right-wing rule during the Second Republic. These purged institutions were ill-equipped to deal with the dire public health situation Spain faced after 1939.⁵⁷

The second major development was the introduction in 1944 of the new compulsory health insurance system, the SOE (*Seguro Obligatorio de Enfermedad*).⁵⁸ Intended to demonstrate the regime's 'social' credentials, it was promoted by the Falange as part of its wider efforts to establish control over health and social services. After a struggle with the established public health leadership within the Department of Health, control of the SOE was placed under the Labour Ministry led by the Falangist minister Girón de Velasco.⁵⁹ From the very beginning the SOE was beset by problems.⁶⁰ The system was entirely funded by workers' and employers' contributions with no direct subsidies from the state, meaning that services were underfunded and the real value of benefits was quickly undermined by inflation. Its rushed implementation and multiple collaborating bodies undermined the quality and comprehensiveness of health services. Large parts of the medical profession were hostile to the idea of 'socialised' medicine. Workers resented being forced to contribute a fixed proportion of their already meagre wages to a system which provided them with poor quality health care, and which acted as a tool of social control by enabling employers to monitor and control the sick and injured via the employer-based mutuels which delivered many of the services. Despite ambitious post-war plans to develop a new health infrastructure around the SOE, only a handful of new hospitals and clinics were built. Although it claimed to be comprehensive, the scheme excluded the rural workers who made up over half of the labouring population, and by 1957 it only covered 35% of all Spaniards.⁶¹ None of these defects were addressed until a new Basic Law in 1963 introduced some limited state funding and centralised management of the system.⁶²

⁵⁷ Joan Serrallonga i Urquidí, 'El cuento de la regularización sanitaria y asistencial en el régimen franquista, 1936-1944', *Historia Social*, 59 (2007), 77-98.

⁵⁸ Jorge Molero Mesa, 'Enfermedad y previsión social en España durante el primer franquismo (1936-1951): el frustrado seguro obligatorio contra la tuberculosis', *Dynamis*, 14 (1994), 199-225; Arturo Álvarez Rosete, *Social Welfare Policies in Non-Democratic Regimes: The Development of Social Insurance Schemes in Franco's Spain, 1936-50* (Ph.D thesis: University of Nottingham, 2003); Esteban Rodríguez Ocaña, 'The Politics of Public Health in the State-Managed Scheme of Healthcare in Spain (1940-1990)', in Iris Lowy and John Krige (eds.), *Images of Disease: Science, Public Policy and Health in Post-war Europe* (Luxembourg: Office for Official Publications of the European Union, 2001), 187-210; J.M. Comelles, 'De Girón de Velasco a Lluch: la constitución del modelo anglo-cubano-falangista de seguridad social en España', in Ricardo Campos Marín, Luis Montiel Llorente and Rafael Huertas García-Alejo (eds.), *Medicina, ideología e historia en España, siglos XVI-XXI* (Madrid: Consejo Superior de Investigaciones Científicas, 2007), 377-401.

⁵⁹ Comelles, 'De Girón de Velasco'; Mesa, 'Enfermedad y previsión social'; Rosete, *Social Welfare Policies*.

⁶⁰ Margarita Vilar-Rodríguez and Jerònia Pons-Pons, 'The Introduction of Sickness Insurance in Spain in the First Decades of the Franco Dictatorship (1939-1962)', *Social History of Medicine*, 26 (2012), 267-87.

⁶¹ Jerònia Pons-Pons and Margarita Vilar Rodríguez, 'Labour Repression and Social Justice in Franco's Spain: The Political Objectives of Compulsory Sickness Insurance, 1942-1957', *Labor History*, 53 (2012), 245-67.

⁶² For more on the SOE, see Rodríguez Ocaña, 'The Politics of Public Health'.

In addition to its internal problems, the SOE also added to the overall fragmentation of the Francoist health system, particularly through its failure to coordinate with public health policies promoted by the Department of Health. The department, which was part of the Ministry of the Interior and whose conservative and monarchist leaders competed with the Falange for control of the health system, attempted to establish its own new healthcare structure by introducing the Fundamental Health Law in 1944.⁶³ The introduction of the SOE, however, meant that many of the department's plans were never implemented. The Labour Ministry showed little interest in integrating them into the work of the SOE, in no small part due to the political tensions between the two bodies. The SOE's resources quickly came to dwarf the funding allocated to public health, and its parallel network of hospitals, clinics and health professionals contributed to the duplication and fragmentation of the national health system.

This fragmentation was further exacerbated by the involvement of organisations like the Women's Section of the Falange and *Auxilio Social* in the delivery of health services. The Women's Section was led by Pilar Primo de Rivera, the daughter of the former dictator and sister of the Falange's martyred founder, José Antonio Primo de Rivera. It played a central role in the government's pronatalist policies through the programme *At the Service of Spain and Spanish Children (Al Servicio de España y del Niño Español)*, which established a network of nurses and health visitors providing (mandatory) health and childcare training for mothers, whilst promoting their *españolización* based on Catholic and nationalist doctrine, and collecting information about their moral, political and religious views.⁶⁴ Its network of Rural Health Trainers and Visiting Social Nurses numbered over 7000 by the late 1940s, thanks partly to the introduction of mandatory social service for all young women. *Auxilio Social*, the Falangist organisation originally modelled on Nazi Germany's *Winterhilfe* campaigns, competed with the Women's Section to provide welfare relief, education and health training, particularly in the immediate aftermath of the Civil War.⁶⁵ Both organisations came into conflict with the existing body of public health nurses, as well as with the religious groups which still dominated much of the nursing profession. The determination to establish the institutions of the single party at the heart of the Spanish welfare system reflected the

⁶³ Rodríguez Ocaña, *Salud pública*, 109.

⁶⁴ María Teresa Gallego Méndez, *Mujer, falange y franquismo* (Madrid: Taurus, 1983); Kathleen Richmond, *Women and Spanish Fascism: The Women's Section of the Falange, 1934-1959* (London: Routledge, 2003).

⁶⁵ Ángela Cenarro Lagunas, *La sonrisa de Falange: Auxilio Social en la Guerra Civil y en la posguerra* (Barcelona: Crítica, 2006); Oscar Rodríguez Barreira, 'Franco's Bread: Auxilio Social from Below, 1937-1943', in Aurora G. Morcilla (ed.), *Memory and Cultural History of the Spanish Civil War* (Leiden: Brill, 2014), 319-58.

regime's prioritisation of ideology over technical expertise, and contributed to the general de-professionalisation of nursing and public health during the period.⁶⁶

Recent scholarship on Francoist public health has built on research into the relationship between health and the state in interwar Europe, particularly amongst fascist and right-wing regimes.⁶⁷ Isabel Jiménez Lucena's work on post-war typhus, for example, has emphasised the political dimension of Francoist disease-control programmes.⁶⁸ The provision of beds for tuberculosis sanatoria formed an important part of their regime's propaganda and its attempts to promote its commitment to 'social justice', whilst the spread of infectious diseases was linked to moral failings within Republican zones during the war, and used as a tool of social control through the introduction of coercive systems of monitoring and isolation.⁶⁹ Other historians have examined public health from the point of view of women, particularly the central role which the regime's pronatalist and demographic policies came to play in the Spanish health system. As in Fascist Italy and Nazi Germany, the Franco regime aimed to improve the size and condition of the Spanish race through pronatalist welfare policies, and by promoting a health system which prioritised infant health and aimed to control the behaviour of mothers.⁷⁰ Related to these are a number of recent studies on the role that ideas about race and eugenics played in Francoist psychiatry, science and public health, including comparisons between Francoist and other European fascist models of 'biopolitics', and

⁶⁶ María Eugenia Galiana-Sánchez, Josep Bernabeu-Mestre and María Pilar García-Paramio, 'Nurses for a New Fatherland: Gender and Ideology in the Health Policies of the Early Franco Regime in Spain (1938-1942)', *Women's History Magazine*, 68 (2012), 33-41.

⁶⁷ For example, Robert Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge, Mass.: Harvard University Press, 1988); Francesco Cassata, *Building the New Man: Eugenics, Racial Science and Genetics in Twentieth-Century Italy* (Budapest: Central European University Press, 2011); Christian Promitzer, Sevastroumpeta and Marius Turda, *Health, Hygiene and Eugenics in Southeastern Europe to 1945* (Budapest: Central European University Press, 2010); Marius Turda and Paul Weindling, *"Blood and Homeland": Eugenics and Racial Nationalism in Central and Southeast Europe, 1900-1940* (Budapest and New York: Central European University Press, 2007).

⁶⁸ Isabel Jiménez Lucena, 'El tifus exantemático de la posguerra española (1939-1943): el uso de una enfermedad colectiva en la legitimación del "Nuevo estado"', *Dynamis*, 14 (2008); See also María Isabel Porras, et al. (eds.), *El drama de la polio: un problema social y familiar en la España franquista* (Madrid: Catarata, 2013); Isabel Jiménez Lucena, *El tifus en la Málaga de la posguerra: un estudio historicomédico en torno a una enfermedad colectiva* (Málaga: Universidad de Málaga, 1990).

⁶⁹ See also Mesa, 'Enfermedad y previsión social'.

⁷⁰ Josep Bernabeu-Mestre and Enrique Perdiguero-Gil, 'At the Service of Spain and Spanish Children: Mother-and-Child Healthcare in Spain During the First Two Decades of Franco's Regime (1939-1963)', in Iris Lowry and John Krige (eds.), *Images of Disease: Science, Public Policy and Health in Post-war Europe* (Luxembourg: Office for Official Publications of the European Union, 2001), 167-86; Galiana-Sánchez, Bernabeu-Mestre and García-Paramio, 'Nurses for a New Fatherland: Gender and Ideology in the Health Policies of the Early Franco Regime in Spain (1938-1942)'; Gallego Méndez, *Mujer, falange y franquismo*; Mary Nash, 'Pronatalism and Motherhood in Franco's Spain', in Gisela Bock and Pat Thane (eds.), *Maternity and Gender Policies: Women and the Rise of the European Welfare States: 1880s-1950s* (London: Routledge, 1991), 160-77; Modesta Salaza-Agullo and Encarnación Ramos-Salas, 'Las matronas españolas, las políticas sanitarias franquistas y el contexto internacional', in María Isabel Porras Gallo, et al. (eds.), *Transmisión del conocimiento médico e internacionalización de las prácticas sanitarias: una reflexión histórica* (Ciudad Real: SEHM, 2011), 379-84.

explorations of the Spanish involvement in the transnational exchange of racial and eugenic theories and practices.⁷¹

Despite the social hardship which characterised the early years of the regime and the under-funded, inefficient and fragmented nature of Francoist social services, recent work has also highlighted the importance of social policy and the language of 'social justice' to the identity of the Franco regime. This is not to suggest that the regime was genuinely committed to social justice or the improvement of general living standards. Social spending remained far below, for example, the resources dedicated to the military. At no point did the regime come close to replicating the post-war welfare state models of its western European neighbours, nor even of other authoritarian states such as Fascist Italy. Rather, as Carme Molinero has argued, social policy discourse was central to the regime's attempts to 'capture the masses', both a political reference point and a vital propaganda tool.⁷² Health and welfare services were presented as a symbol of the regime's commitment to social justice, part of its attempts to gain the support, or at least acquiescence, of working-class populations who had identified with Republican forces during the Civil War. This pattern had begun during the war itself and was in part a response to the intense democratic and social experiments of the Second Republic. It was also heavily influenced by the social model of interwar European fascism, particularly in Mussolini's Italy, and the by Falange's aim to achieve the 'nationalisation' of the masses through social policy and the propaganda surrounding it. The Falange's continued control of labour and welfare policy after the Second World War ensured that the language, if not the practice, of 'social justice' became institutionalised within the Franco regime.⁷³

As well as aiming to capture the support of the masses, this thesis argues that the discourse of 'social justice' was also aimed at capturing the support of the world. Francoist social policy did not exist within a vacuum. Spanish Policy makers borrowed from foreign models, and Spanish experts were involved in the exchange of ideas and information with their counterparts abroad. But they also played a central role in the regime's cultural diplomacy. Spain's absence from formal international institutions, whether temporarily in the case of the UN or permanently in the case of NATO and the EEC, increased the emphasis which the Franco

⁷¹ Huertas and Ortiz (eds.), *Ciencia y fascismo*; Michael Richards, 'Morality and Biology in the Spanish Civil War: Psychiatrists, Revolution and Women Prisoners in Malaga', *Contemporary European History*, 10 (2001), 395-421; Antonio Polo Blanco, *Gobierno de las poblaciones en el primer franquismo, 1939-1945* (Cádiz: Servicio de Publicaciones de la Universidad de Cádiz, 2006); Michael Richards, 'Spanish Psychiatry c. 1900-1945: Constitutional Theory, Eugenics, and the Nation', *Bulletin of Spanish Studies*, 81 (2010), 823-48; Salvador Cayuela Sanchez, 'Biopolítica, nazismo, franquismo: una aproximación comparativa', *Endoxa: Series Filosóficas*, 28 (2011), 257-86.

⁷² Carme Molinero, *La captación de las masas: política social y propaganda en el régimen franquista* (Madrid: Cátedra, 2005).

⁷³ Ibid.

regime placed on cultural relations to bolster its international standing and to cement its place within the international community. Lorenzo Delgado and others have demonstrated the importance of cultural diplomacy to Spain's international relations during the period.⁷⁴ This was particularly true for Latin America, where the regime's diplomacy in the region was focussed around the idea of a shared cultural, linguistic and religious community of *Hispanidad* based on the history of Iberian colonialism in the region.⁷⁵ In a context in which Franco's critics abroad often denounced the regime as backwards and repressive, health and welfare experts could be used to present Franco's Spain as a modern state dedicated to technical progress and social justice. Despite its severe inefficiencies and limitations, the Franco regime even attempted to export certain elements of its welfare system to other countries, promoting it as a model for social development. Most importantly, however, it saw health and welfare as a tool to buttress its standing on the world stage, and to attain the degree of international respectability it felt entitled to.

Internationalism and International Health

One of the chief contributions of this thesis is the integration of Franco's Spain into the growing literature on the history of internationalism and transnationalism.⁷⁶ The second half of the nineteenth century witnessed the establishment of an increasing number of international organisations, networks and conferences in fields ranging from postage and meteorology to anti-slavery and socialism.⁷⁷ Their emergence was partly the result of improvements to travel and communications that made international cooperation more practical. It also reflected increasing levels of movement and exchange across borders during the so-called 'first age of globalisation'. The expansion of global trade and migration raised questions about how to manage the technical, scientific and bureaucratic challenges which accompanied them, whether standardising methods of cross-border communication or preventing the spread of infectious diseases. These practical considerations were accompanied by a growing political and ideological commitment to international cooperation. From the late 19th century onwards,

⁷⁴ Lorenzo Delgado Gómez-Escalónilla, *Imperio de papel: acción cultural y política exterior durante el primer franquismo* (Madrid: Consejo Superior de Investigaciones Científicas, 1992); Francisco Javier Rodríguez Jimenez, Lorenzo Delgado Gómez-Escalónilla and Nicholas J. Cull (eds.), *US Public Diplomacy and Democratization in Spain: Selling Democracy?* (Basingstoke: Palgrave Macmillan, 2015).

⁷⁵ Lorenzo Delgado Gómez-Escalónilla, *Diplomacia franquista y política cultural hacia Iberoamérica, 1939-1953* (Madrid: Consejo Superior de Investigaciones Científicas, 1988); Antonio Cañellas (ed.), *América y la Hispanidad: historia de un fenómeno cultural* (Pamplona: EUNSA, 2011).

⁷⁶ The two terms are not always clearly distinguished in the historiography. See below for a discussion of their differences and their use in this thesis.

⁷⁷ Martin H Geyer and Johannes Paulmann, *The Mechanics of Internationalism: Culture, Society, and Politics from the 1840s to the First World War* (Oxford: Oxford University Press, 2001).

political groups, particularly those on the left, increasingly framed their projects and constructed their organisations along international lines, whilst intellectuals, artists and politicians began to explore the idea of a world united by language, trade or culture.⁷⁸

These developments did not mean, of course, that the late-19th century world was becoming more interconnected and harmonious. 'International' at this stage was almost invariably used as a shorthand for 'European', and occasionally North American, and many of these technical bodies were set up to protect Europe from the negative side effects of international exchange. In a context in which much of the globe was ruled by European imperial powers, international networks and organisations often served to strengthen imperial control. The increasing national rivalries and diplomatic tensions between European states, which eventually led to the First World War, would ultimately bring an end to these initial experiments with the idea of a global society. Their strength, however, was reflected in the renewed interest in international ideas and organisations which re-emerged after 1918. The creation of the League of Nations reflected a widespread embrace of internationalism among the European and North American publics.⁷⁹ The League's structure included bodies dedicated to intellectual and economic cooperation, and to the international management of refugees, drugs and communications. Alongside these inter-governmental bodies stood an ever-increasing number of non-governmental international organisations dedicated to social, scientific and cultural issues.⁸⁰

Medicine, health and welfare played a central role in this early history of internationalism. The series of international sanitary conferences held from the 1860s onwards represented one of the first examples of international technical cooperation, primarily aimed at preventing the spread of infectious diseases from Asia to Europe along shipping routes.⁸¹ From the late nineteenth century doctors and public health professionals increasingly saw themselves as part of an international community of expertise, united both by international organisations and networks, and by shared beliefs about the universality of scientific practices and the need for cross-border cooperation to fight disease. Institutions such as the Pasteur Institute brought

⁷⁸ Charle, Schriewer and Wagner (eds.), *Transnational Intellectual Networks*; Robert Garvía, *Esperanto and Its Rivals: The Struggle for an International Language* (Philadelphia: University of Pennsylvania Press, 2015); Marcel Van der Linden, *Transnational Labour History: Explorations* (London: Ashgate, 2003).

⁷⁹ Helen McCarthy, *The British People and the League of Nations: Democracy, Citizenship and Internationalism, 1918-45* (Oxford: Oxford University Press, 2011).

⁸⁰ Daniel Laqua, *Internationalism Reconfigured: Transnational Ideas and Movements between the World Wars* (London: I.B. Tauris, 2011).

⁸¹ Valeska Huber, 'The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851-1894', *The Historical Journal*, 49 (2006), 453-76; Mark Harrison, 'Disease, Diplomacy and International Commerce: The Origins of International Sanitary Regulation in the Nineteenth Century', *Journal of Global History*, 1 (2006), 197-217.

together students and medical researchers from around the world and helped to disseminate scientific knowledge and medical practices across Europe. At the same time, the creation of organisations such as the Red Cross from the 1860s signalled a rapid expansion of international humanitarian organisations dedicated to the health and welfare of refugees and the victims of war, often developing out of pre-existing missionary societies.⁸²

The creation of the League of Nations Health Organisation (LNHO) in the 1920s helped to strengthen and expand these forms of international cooperation, partly funded by philanthropic groups such as the Rockefeller Foundation, which supported international improvements to public health and the control and eradication of disease.⁸³ The LNHO aimed to coordinate and expand existing forms of international health, focussing on standardisation and epidemiological intelligence, statistical programmes, the control of individual diseases and, increasingly, areas of social medicine such as nutrition, housing and rural hygiene. With the majority of its work structured around expert committees, it did much to promote the concept of the international health expert as part of a wider epistemic community, a body of professionals whose knowledge and technical skill placed them above the political and ideological divisions that dominated the international scene during the interwar period.⁸⁴ The interwar period also witnessed the creation of international organisations in the fields of welfare and social security, most notably the International Labour Organization (ILO). Institutionalising the transnational exchange and diffusion of welfare policies which had emerged with the creation of the Bismarckian welfare state model in Germany at the end of the nineteenth century, over the next fifty years these organisations would help to 'globalise' social security beyond its European and North American core.⁸⁵ The ILO continued its work during and after the Second World War, while the LNHO was remodelled in 1946 as the World Health Organization.

⁸² Michael Barnett, *Empire of Humanity: A History of Humanitarianism* (Ithaca, NY: Cornell University Press, 2011).

⁸³ Iris Borowy, *Coming to Terms with World Health: The League of Nations Health Organisation, 1921-1946* (Frankfurt am Main: Peter Lang, 2009); Susan Gross Solomon, Lion Murard and Patrick Zylberman (eds.), *Shifting Boundaries of Public Health: Europe in the Twentieth Century* (Rochester, N.Y.: University of Rochester Press, 2008). On the Rockefeller Foundation's role in the history of international health, see John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation, 1913-1951* (Oxford: Oxford University Press, 2004); Marcos Cueto (ed.), *Missionaries of Science: The Rockefeller Foundation and Latin America* (Bloomington: Indiana University Press, 1994).

⁸⁴ Paul Weindling (ed.), *International Health Organisations and Movements, 1918-1939* (Cambridge: Cambridge University Press, 1995).

⁸⁵ Sandrine Kott and Joelle Droux (eds.), *Globalizing Social Rights: The International Labour Organization and Beyond* (Basingstoke: Palgrave Macmillan, 2013). On the transnational exchange of social policy and social security, see Daniel T. Rogers, 'Bearing Tales: Networks and Narratives in Social Policy Transfer', *Journal of Global History*, 9 (2014), 301-13; Pauli Kettunen and Klaus Petersen (eds.), *Beyond Welfare State Models: Transnational Historical Perspectives on Social Policy* (Cheltenham: Edward Elgar Publishing, 2011); Kiran Klaus Patel, *The New Deal: A Global History* (Princeton: Princeton University Press, 2016).

Historians have increasingly turned to these international health organisations and the expert networks which formed around to explore the entangled national, imperial and global histories of the twentieth-century. The professional trajectories of health and welfare experts, for example, have been used to examine the transnational and inter-imperial dimensions of European colonial rule. Deborah Neill has traced international networks of tropical medicine experts to show how many of the repressive health practices adopted by colonial administrations in the nineteenth and early twentieth centuries developed and spread via cooperation between the western imperial powers and the officials and experts who worked with them.⁸⁶ By tracing the international engagement of experts from particularly countries, other historians have explored processes of state formation and international relations. Katharina Kreuder-Sonnen, for example, has shown how the involvement of Polish medical experts in international scientific networks in the late nineteenth and early twentieth centuries helped both to consolidate and to promote the emerging Polish state.⁸⁷ Others have explored how defeat in the First World War left scientists and doctors in Weimar Germany isolated from mainstream international organisations and networks, prompting them to form ties with their equally-maligned counterparts in Soviet Russia.⁸⁸ Expert networks can also illuminate 'alternative' international projects, attempts to forge new patterns of international cooperation outside of the liberal mainstream. A number of historians, for example, have used expert networks to explore the development of forms of socialist internationalism in the twentieth century. Cuba put doctors at the heart of its attempts to forge ties with socialist countries around the globe and to overcome the political and economic isolation of the Cold War.⁸⁹ Architects, urban planners and medical experts, meanwhile, were at the forefront of attempts to forge transnational ties across the Soviet Union and the socialist states of Eastern Europe, and between those states and post-colonial Africa.⁹⁰

These international organisations and networks had a profound impact on the development of Spanish health and welfare systems during the first decades of the twentieth century.⁹¹ Earlier public health legislation introduced in Spain towards the end of the nineteenth century had

⁸⁶ Deborah J. Neill, *Networks in Tropical Medicine: Internationalism, Colonialism and the Rise of a Medical Speciality, 1890-1930* (Stanford: Stanford University Press, 2012).

⁸⁷ Katharina Kreuder-Sonnen, 'From Transnationalism to Olympic Internationalism: Polish Medical Experts and International Scientific Exchange, 1880s-1930s', *Contemporary European History*, 25 (2016), 207-31.

⁸⁸ Paul Forman, 'Scientific Internationalism and the Weimar Physicists: The Ideology and Its Manipulation in Germany after World War I', *Isis*, 64 (1973), 150-80; Susan Gross Solomon (ed.), *Doing Medicine Together: Germany and Russia Between the Wars* (Toronto: University of Toronto Press, 2006).

⁸⁹ John M. Kirk and H. Michael Erisman, *Cuban Medical Internationalism: Origins, Evolution, and Goals* (Basingstoke: Palgrave Macmillan, 2009).

⁹⁰ Łukasz Stanek, 'Introduction: The "Second World's" architecture and planning in the "Third World"', *The Journal of Architecture*, 17 (2012), 299-307; Mëhilli, 'Socialist Encounters'.

⁹¹ Rodríguez Ocaña, *Salud pública*; Barona and Bernabeu-Mestre, *La salud y el estado*.

stemmed in part from Spanish participation in international sanitary conferences. Spanish health experts later worked closely with the LNHO, particularly figures such as Gustavo Pittaluga and Marcelino Pascua.⁹² The Rockefeller Foundation also played an influential role in helping to train and expand the Spanish public health profession, with many of the leading experts under both the Second Republic and the Franco regime having received Rockefeller Fellowships during the 1920s and early 1930s. It also helped to fund the establishment of many of Spain's key public health institutions during the same period, supporting the gradual development of Spanish public health infrastructure and the health reforms introduced under the Second Republic.⁹³ Other international organisations and networks shaped the development of the Spanish social security system, which was heavily influenced European models and by the work of the ILO during the 1920s and 1930s.⁹⁴ This international engagement in Spanish health and welfare continued, and in many ways intensified, during the Civil War, when a range of international health and humanitarian organisations provided support to both Republican and rebel zones.⁹⁵

There has been less research into international health in Spain during the Franco era, with historians of medicine Josep Barona and Josep Bernabeu-Mestre arguing that the 'distain and distancing' of the Franco regime towards international organisations largely put an end to these forms of cooperation after 1939.⁹⁶ Whilst the period did not necessarily witness the same levels of intense international engagement which had taken place during the 1920s and 1930s, recent research has highlighted the continuing influence of international health, welfare and science within Franco's Spain, particularly from the late 1950s.⁹⁷ In addition to the influence of German and Italian models, the Francoist social security and health insurance

⁹² Bernabeu Mestre, 'La utopía reformadora'; Borowy and Hardy (eds.), *Of Medicine and Men*.

⁹³ Barona and Bernabeu-Mestre, *La salud y el estado*, 89-134; Esteban Rodríguez Ocaña, 'Por razón de ciencia: la Fundación Rockefeller en España, 1930-1941', in Ricardo Campos Marín, *et al.* (eds.), *Medicina y poder político: XVI Congreso de la Sociedad Española de Historia de la Medicina* (Madrid: SEHM, 2014), 473-78; Paul Weindling, 'La Fundación Rockefeller y el organismo de salud de la Sociedad de Naciones: algunas conexiones españolas', *Revista Española de Salud Pública*, 74 (2000), 15-26; Esteban Rodríguez Ocaña, 'La intervención de la Fundación Rockefeller en la creación de la sanidad contemporánea en España', *Revista Española de Salud Pública*, 74 (2000).

⁹⁴ Josep Lluís Barona and Steven Cherry (eds.), *Health and Medicine in Rural Europe, 1850-1945* (Valencia: Seminari d'Estudis sobre la Ciència, 2004); Pons-Pons and Silvestre Rodríguez (eds.), *Los orígenes del Estado del Bienestar*; M^a Isabel Porras Gallo, 'Between the German Model and Liberal Medicine: The Negotiating Process of the State Health Care System in France and Spain (1919-1944)', *Hygiea Internationalis*, 6 (2007), 135-49.

⁹⁵ Gabriel Pretus, *Humanitarian Relief in the Spanish Civil War, 1936-1939* (Lewiston: The Edwin Mellen Press, 2013); Barona and Perdiguer-Gil, 'Health and The War: Changing Schemes and Health Conditions during the Spanish Civil War'.

⁹⁶ Barona and Bernabeu-Mestre, *La salud y el estado*, 295.

⁹⁷ On the influence of international health in Spain from the period of late Francoism through the transition to democracy, see E. Perdiguer-Gil (ed.), *Política, salud y enfermedad: del desarrollismo a la transición democrática* (Elche: Universidad Miguel Hernández, 2015).

systems continued to be affected by external developments such as the publication of the Beveridge Report.⁹⁸ International disease control campaigns were extended to Spain, most notably in the case of the Spanish anti-polio campaign which developed after 1958 and which was heavily influenced by international organisations and models.⁹⁹ The WHO helped to support the development of Francoist disability and rehabilitation services, whilst UNICEF was involved in infant and maternal health provision.¹⁰⁰ María Santesmases has highlighted Spain's participation in the international circulation of scientific knowledge and research materials, including the post-war spread of penicillin, and the importance of international engagement and recognition in the development of Francoist biomedical science.¹⁰¹ The Franco regime, meanwhile, was quick to use the international achievements of Spanish scientists to promote its vision of traditional, National-Catholic Spanish identity and its own modernizing ambitions, even in the case of Spanish exiles working abroad such as the ophthalmologist and pioneer of corneal transplants, Ramón Castroviejo.¹⁰²

During the 1940s and 1950s, however, Francoist health experts were also intensively involved with forms of international health and welfare which took place outside of liberal international organisations and networks. This thesis sheds new light on two of these 'alternative' forms of internationalism in particular: the fascist internationalism which dominated Europe during the early years of the Second World War, and the revitalised forms of Catholic internationalism which emerged after it. Although the European authoritarian right denounced both socialist and liberal forms of internationalism, the Second World War represented the culmination of the kind of international cooperation which had been developing on the radical right since the end of the First World War.¹⁰³ Mussolini's Italy had worked hard to establish Rome as the

⁹⁸ Arturo Álvarez Rosete, '¡Bienvenido, Mister Beveridge! El viaje de William Beveridge a España y la previsión social franquista', *International Journal of Iberian Studies*, 17 (2004), 105-16.

⁹⁹ Porras, *et al.* (eds.), *El drama de la polio*; María Isabel Porras, *et al.*, 'La Asociación Europea contra la Poliomielitis y los programas europeos de vacunación', *Dynamis*, 32 (2012), 287-310; María Isabel Porras, María José Báguena and Rosa Ballester, 'Spain and the International Scientific Conferences on Polio, 1940s-1960s', *Dynamis*, 30 (2010), 91-118.

¹⁰⁰ José Martínez-Pérez and Mercedes Del Cura, 'Bolstering the Greatness of the Homeland: Productivity, Disability and Medicine in Franco's Spain, 1938-1966', *Social History of Medicine*, 28 (2015), 805-24.

¹⁰¹ María Jesús Santesmases and Emilio Muñoz, 'Scientific Organizations in Spain (1950-1970): Social Isolation and International Legitimation of Biochemists and Molecular Biologists on the Periphery', *Social Studies of Science*, 27 (1997), 187-219; María Jesús Santesmases, 'Productividad, diplomacia y dependencia técnica: España en Occidente durante el franquismo', *Pensamiento Iberoamericano*, 5 (2009), 21-41; María Jesús Santesmases, 'The Long Postwar and the Politics of Penicillin: Early Circulation and Smuggling in Spain, 1944-1954', *Medicina nei Secoli*, 26 (2014), 615-38.

¹⁰² Alina Danet and Rosa María Medina Domenech, 'Españolismo, masculinidad y la modernidad científica de los trasplantes de córnea: la representación periodística de Ramón Castroviejo (1930-1975)', *Journal of Spanish Cultural Studies*, 15 (2014), 437-53.

¹⁰³ Arnd Bauerkämper, 'Interwar Fascism in Europe and Beyond: Toward a Transnational Radical Right', in Martin Durham and Margaret Power (eds.), *New Perspectives on the Transnational Right* (Basingstoke: Palgrave Macmillan, 2010), 39-66.

capital of international fascism, creating organisations and networks to bring together fascists from around the world during the 1920s and early 1930s. Italian dominance of international fascism was challenged by Nazi Germany after 1933, but the corresponding rise of the radical right across the continent intensified transnational connections. The Anti-Comintern Pacts formalised patterns of international cooperation between fascist and authoritarian states, and the wartime 'New Order' or 'New Europe', although based on German imperial expansion, borrowed from the language and practices of interwar internationalism to promote a vision of a new, more effective form of European cooperation.¹⁰⁴ By tracing the international activities of Francoist experts, this thesis identifies the important role that health and welfare played in these forms of fascist internationalism, and the extent of their appeal during the early years of the Second World War.

When the promise of the 'New Order' collapsed in 1945, Spanish experts attempted to construct new networks and organisations through which they could engage with the outside world. In many cases these revolved around Spain's small imperial territories in Africa or its former empire in Latin America, efforts which were mirrored by other European imperial powers at the time who attempted to borrow from the language and practices of internationalism to recast their empires as modern networks of international cooperation. More significant, however, was Spanish involvement in post-war Catholic internationalism. Building on an understanding of Christian universalism, modern forms of Catholic internationalism had begun to emerge in Western Europe following the Napoleonic wars and the revolutions of 1830 and 1848. They were driven by the rise of political Catholicism from the 1830s, the emergence of ultramontane transnational networks, and, crucially, the international Catholic mobilisation in defence of the pope following Italian Reunification.¹⁰⁵ In the fields of health and welfare, international Catholic networks emerged during the nineteenth century around religious orders, lay charity networks such as the Society of St Vincent de Paul, and the overseas missions which helped to 'globalise' Catholic social action beyond the confines of Western Europe. Catholic internationalism overlapped with and confronted secular forms of internationalism, as well as rival religious internationalisms, and was thus boosted by the growth of secular international society during the early twentieth century. Groups such as Catholic Action helped to foster transnational connections, and an increasing number of international Catholic conferences, organisations and events coalesced

¹⁰⁴ Elizabeth Harvey, 'International Networks and Cross-Border Cooperation: National Socialist Women and the Vision of a 'New Order' in Europe', *Politics, Religion & Ideology*, 13 (2012), 141-58; Roger Griffin, 'Europe for the Europeans: Fascist Myths of the European New Order, 1922-1992', in Matthew Feldman (ed.), *A Fascist Century: Essays by Roger Griffin* (Basingstoke: Palgrave Macmillan, 2008).

¹⁰⁵ Vincent Viaene, 'International History, Religious History, Catholic History: Perspectives for Cross-Fertilization (1830-1914)', *European History Quarterly*, 38 (2008), 578-607.

around the themes of relief, peace and the slave trade. The historical literature on post-Second World War Catholic internationalism has focused on the influence of Christian Democracy on the international system and the process of European integration, and on the Catholic 'turn to the world' following the Second Vatican Council in the early 1960s.¹⁰⁶ This thesis, however, will explore the period between the end of the Second World War and the Second Vatican Council, when Catholics were trying to come to terms with the new international system that had developed after 1945. By focussing on the international activities of Spanish Catholics, it will show how Catholic internationalism outside of the Christian Democratic mainstream flourished in the post-war era, particularly in the context of the early Cold War.

Structure, Terminology and Periodisation

This thesis is structured around an examination of the international networks in which Spanish health and welfare experts operated. Each chapter examines a particular *form* of international cooperation, a network, organisation or structure in which Spanish experts were able to act internationally. Perhaps the most obvious of these were international health organisations such as the WHO. However, they also included networks built around specific ideological, political or religious identities, or that revolved around particular geographical or regional units. Each chapter maps out the particular form of international cooperation Spanish experts were involved with. In doing so they explore the political and cultural context in which each international network evolved, Spain's position within it, the constraints or barriers to international cooperation Spanish experts faced, and their relationship with counterparts from other countries. These diverse networks, organisations and structures represent the different ways in which Spanish experts conceived of the 'international', changing and developing in response to the political circumstances of the time.

The first chapter examines the involvement of Spanish experts with Nazi Germany and Axis-dominated Europe. During the early years of the Second World War, dozens of Spanish health and welfare experts, students and medical professionals toured, studied or worked in Germany. Their involvement was partly based on the traditional prestige of German science, and was encouraged by German cultural diplomacy, which used medicine as a means to strengthen Hispano-German relations from the 1920s onwards. This chapter argues, however, that the activities of these experts also formed part of wider pattern of cooperation between

¹⁰⁶ Wolfram Kaiser, *Christian Democracy and the Origins of European Union* (Cambridge: Cambridge University Press, 2007); R. Scott Appleby, 'From State to Civil Society and Back Again: The Catholic Church as Transnational Actor, 1965-2005', in Vincent Viaene and Abigail Green (eds.), *Religious Internationals in the Modern World* (Basingstoke: Palgrave Macmillan, 2012), 319-42.

Axis, Axis-aligned and neutral states developed by Nazi Germany in wartime Europe, one which consciously echoed the language and practices of pre-war international health; a form of 'Axis internationalism'. Many of the Spanish experts most closely involved with Nazi Germany had worked for liberal international organisations such as the LNHO in the past, and would go on to work with the WHO and UNICEF after the war. Their relationship with Nazi Germany was far from smooth. Few demonstrated the political enthusiasm for the Nazi regime shared by a Falangist minority. Their involvement in Nazi-led organisations and networks was complicated by a racialized and rigidly hierarchical view of international cooperation on the German side, and by a Catholic-inspired distrust of Nazi eugenic and racial policies among Spanish experts. Nevertheless, a shared rejection of the pre-war liberal system and a commitment to new forms of 'totalitarian' public health meant that Spanish experts, like many of their European counterparts, were willing to embrace the Nazi 'New Order' as a new, and in many ways improved, form of international cooperation.

The second chapter will examine the medical services in the so-called 'Blue Division', the Spanish volunteer unit which fought alongside Nazi Germany on the Eastern Front during the Second World War. The Division formed part of one of the largest international military coalitions the world has ever seen, its troops fighting alongside allies from across Europe and living among civilian populations in Germany, Eastern Europe and Russia. For the Division's medical staff, the war provided a professional opportunity to work in an international environment and to collaborate with colleagues from Germany and elsewhere. Both Falangist volunteers and Nazi officials saw the Division's hospitals as sites to foster wider Hispano-German relations, and the cosmopolitan environment of the rear areas enabled injured troops to experience the 'New Europe' at first hand. As with other Spanish experts working in Nazi Germany, however, relationships between Spanish volunteers and their German comrades were undermined by political tensions, racial stereotypes and national rivalries. This chapter argues that the Blue Division's medical services formed part of both the Axis internationalism discussed above, and of a wider history of Spanish military medical internationalism. The second half of the chapter explores this history through three medical experts involved with the Division: Mariano Gómez Ulla, Mercedes Milá and Alberto Blanco. Their work with organisations such as the International Committee of Military Medicine represented a unique form of internationalism, combining military cultures and traditions with the idealism of universal science and humanitarian action. As such it was ideally suited to the Franco regime, a military alternative to the civilian humanitarian cultures which were developing in many other western countries at the time. Reflecting the significance of the armed forces within the wider

Spanish health system and medical profession, military medicine played an important role in the engagement of Franco's Spain with the outside world.

The third chapter addresses Spain's relationship with mainstream international health organisations during 1940s and 1950s. At the same time as they were working with Nazi Germany during the Second World War, Spanish public health officials also maintained ties with liberal international organisations such as the LNHO and the Rockefeller Foundation. The diplomatic isolation of the Franco regime after the war meant that Spain was excluded from the WHO when the organisation was established in 1946, only gaining entry in 1951 thanks to the regime's improving international relations in the context of the Cold War. This chapter argues that the debate about Spanish membership in 1946 lay at the heart of attempts by leading international health experts to establish the WHO as a 'non-political' institution. The decision to exclude Spain marked the early failure of their plans, and helps to explain how global political conflict came to dominate the early history of the WHO. The Franco regime used international health organisations as a means to bolster its international standing and to gain entry to wider political organisations such as the UN. Spain's rapid integration into the WHO and UNICEF during the 1950s reflected its success in exploiting the idea of the 'technical', 'apolitical' fields of international health and welfare to overcome political objections to Spanish involvement. Even the prominent role of Republican exiles in these organisations did little to hamper the successful and rapid integration of Francoist experts.

Whereas the first three chapters deal with Spain's efforts to engage with the various international systems which developed during and after the Second World War, the final chapters address three interrelated and overlapping ways in which Spanish experts attempted, with varying degrees of success, to construct alternative forms of international cooperation in which Spain could play a more prominent role. Chapter four focuses on health and welfare in Spain's African colonies. Spanish colonial health experts regarded their work as the embodiment of the uniquely selfless, spiritual and humanitarian nature of modern Spanish imperialism, central to the nation's identity as a civilized and civilizing global power. As such, they sought to establish a role for themselves within the international and inter-imperial networks constructed by colonial health experts from the other European imperial powers. Spanish tropical medicine experts formed particularly close ties with Nazi Germany and with Salazar's Portugal during the Second World War. At the same time, health officials working on the ground in Africa, particularly in Spanish Guinea, also cooperated with their counterparts in neighbouring French and British colonies in the fight against infectious diseases. At the end of the war Spanish experts expected to play an important part in new, post-war forms of inter-imperial health cooperation, something which they saw emerging as part of the wider

integration of European colonies under the rubric of 'Eurafrica'. In reality, however, Spain's diplomatic isolation and its difficult relationship with some of its European imperial neighbours, particularly France, meant that it was excluded from these new inter-imperial structures. This in turn limited their influence within the WHO's Regional Office for Africa and their involvement with other international organisations working in the field of African health and development.

The fifth chapter turns to the Francoist vision of *Hispanidad*, the idea that Spain stood at the head of a community of Ibero-American nations united by ties of history, culture, religion and language. This chapter argues that science, particularly the medical sciences, played a central role in Francoist cultural diplomacy in Latin America during the 1940s and 1950s. In part this was due to the fact that exchanges and visits involving experts and students could be promoted on 'technical' and scientific grounds despite the often antagonistic relationship between Latin American republics and the Franco regime. Beyond that, however, lay the goal of using medical experts to promote a modern, scientific and technologically-advanced image of Franco's Spain, at a time when the exile of many of the country's leading scientists following the end of the Civil War had severely weakened the regime's modern and modernising credentials. These efforts were challenged by the large and influential community of Spanish scientific exiles who had made their home in Latin America after the Civil War. The more equal and reciprocal forms of Ibero-American collaboration promoted by exile groups threw into stark contrast the hierarchical and imperialistic undertones of Francoist *Hispanidad* discourse, and risked undermining the efforts of Francoist cultural diplomacy in the region. Nevertheless, Latin America did offer a route for Francoist experts to engage with wider forms of international health in certain instances, and in areas such as social security and health insurance provided an opportunity to promote a vision of Francoist modernity to the outside world.

The final chapter examines the involvement of Spanish health and welfare organisations in forms of post-war Catholic internationalism. Between the end of the Second World War and the beginning of the Second Vatican Council in the early 1960s, a wide range of international Catholic organisations attempted to establish a role for Catholics in the post-war world and to promote Christian values within the secular international system. Spanish Catholics were active in many of these organisations, particularly in the fields of health and welfare. Leaders of the Catholic nursing association, *Salus Infirmorum*, and the welfare arm of Catholic Action, *Caritas*, held senior positions within their respective international parent bodies, and through them participated in wider forms of international health and humanitarianism. By doing so they hoped to promote the image of the Franco regime amongst Catholics abroad, and to

facilitate Spain's integration into the wider international community. Catholic politicians linked to groups such as Catholic Action and the National Catholic Association of Propagandists (*Asociación Católica Nacional de Propagandistas*; ACNP) dominated Spanish foreign policy after 1945, when Franco attempted to distance the regime from its fascist past by diluting the influence of the Falange and promoting the idea of Spain as the 'spiritual reserve of the West'. As well as representing the interests of the regime abroad, however, Catholic health and welfare organisations also saw the prestige of international cooperation as a way to bolster their autonomy and influence within the Spanish system at the expense of their Falangist rivals. Their embrace of Catholic internationalism reflected both a genuine Spanish engagement with the post-war world, and a fear that the 'materialism' of modern society and the obsession with scientific and technical development represented a threat to Catholic values at home and abroad.

In order to fully reconstruct the international networks and activities of Spanish experts, this thesis incorporates archival material from a range of international organisations, national governments and private groups. Each chapter will draw on a variety primary sources, including the general and medical press, scientific and governmental publications, and archival material from key organisations and government departments. Research into Franco's Spain is complicated by gaps in the archival record and by issues of access. Many of the most politically sensitive documents belonging to the Francoist government, the *Movimiento* and the security services were destroyed or 'lost' during the transition to democracy. Other records have been mislaid or miscataloged by individual departments or by the Spanish archive service, including the majority of those from the Department of Health covering the 1940s and 1950s. During the period in which this thesis was being developed there have also been significant difficulties in accessing archives from the Spanish Ministry of Foreign Affairs, despite the fact that they have previously been available to researchers.¹⁰⁷ Nonetheless, many records relating to Spanish foreign relations and health policy are available in the main Spanish archive for modern government records, the *Archivo General de la Administración*. They form an important part of this research, alongside material from other Spanish state archives. The records of the Blue Division are held at the military archive in Ávila, and particular chapters also draw on archival materials from private organisations such as the Spanish Red Cross and the ACNP. Outside of Spain, key material is taken from the archives of the League of Nations and the WHO, state archives in Germany, Italy and the UK, and humanitarian and welfare organisation in the United States and elsewhere.

¹⁰⁷ On the debate surrounding these issues, see <http://www.elmundo.es/espana/2014/02/18/5303aba3ca4741e9598b4582.html> (accessed 13 June 2016)

It is worth clarifying here the use of the terms 'transnational' and 'international' in this thesis, as well as the concomitant 'transnationalism' and 'internationalism'. Within the relevant historiography, the definitions of and distinctions between the terms are far from clear-cut.¹⁰⁸ There are, however, three factors which are used here to distinguish between them. The first is the language used by the historical actors themselves. In almost all cases, the experts who are the subject of this study used the term 'international' to describe the activities they were involved in, be they conferences, organisations or networks. 'Transnational' was not a term they applied to their discipline. On the other hand, with a very few exceptions, Francoist experts did not employ the term 'internationalism' or refer to themselves as 'internationalists' because of the political associations with the Second Republic, communism and the left in general. Nonetheless, the kind of activities they were engaged in would have been described as such in many other political contexts. The second factor is scale. The word 'international' is not always used in a context which implies a genuinely planetary or global scale, and the history of 'internationalism' is littered with exclusions, hierarchies and exceptions. It does, however, gesture towards a certain universalism, a reaching beyond the regional or the local. 'Transnational', however, can denote the crossing of borders regardless of the geography and scale involved. Cooperation of experts between, for example, Brazil, Argentina and Uruguay, may be better described as 'transnational' than as 'international'. The third factor is motivation and ideology. Studies of transnationalism generally focus on people, goods or knowledge as they move across national borders, subjects defined by their *movements* rather than the motivations behind their border crossing. 'Internationalism', on the other hand, can also refer to a belief or a political principle, to the idea that cooperation or movement across borders *should* be taking place, whether as an end in itself or as a necessary evil.

In general, therefore, this thesis will employ the term 'international' to describe the involvement of Spanish experts with organisations, networks or colleagues abroad, as they themselves would have done. It will only use 'transnational' when discussing themes, phenomena or events which are primarily referred to as such in the historiography, or when factors of scale or ideology make the use of the term 'international' inappropriate. It will, however, use the terms 'internationalism' and 'internationalist' to describe cases of cooperation across borders which the actors themselves would not necessarily have described as such, including in the case of the international activities of Francoist health experts, of wartime cooperation within Nazi-dominated Europe, and of cooperation between Catholics from different countries. All of those involved in these forms of international cooperation were

¹⁰⁸ For discussion of these definitions and distinctions, see Kiran Klaus Patel, 'Überlegungen zu einer transnationalen Geschichte', *Zeitschrift für Geschichtswissenschaft*, 52 (2004), 626-45; Patricia Clavin, 'Defining Transnationalism', *Contemporary European History*, 14 (2005), 421-39.

driven by a belief that acting beyond the nation state was necessary on political, professional, scientific or religious grounds. 'Franco's internationalists' would not have described themselves as such, but in engaging with international science, medicine and social policy, and in attempting to forge new patterns of international cooperation, they sit within the wider history of internationalism.

This thesis also employs the terms 'health' and 'welfare' in a specific sense. In the choice of which particular experts or organisations to follow, it deliberately attempts to move beyond narrow professional or disciplinary categories. It is not, therefore, a history restricted solely to the fields of public health or social security. Instead, it emphasises the intersection between health, medicine, social policy and welfare, highlighting those areas in which health and medicine in their diffuse forms came into contact with the state and state interests. In some instances the role of the state was a direct one, as with the senior public health officials working within the various Francoist health organisations. In others cases the experts involved were one step removed from the Francoist state, such as those working on the design of health insurance systems or within state-funding research institutes. Other experts studied here were formally acting independently of the state, most obviously those working within Catholic health and welfare organisations, but either saw their international activities as a means to further the interests of Franco's Spain, or were subject to attempts to appropriate their work to further state interests. The experts and organisations discussed here, therefore, include medical and scientific researchers, public health officials, health insurance experts, general medical practitioners such as doctors and nurses, organisations involved in humanitarian relief and social aid, medical missionaries and others. The choice of the term 'health and welfare experts' to describe this diverse group in part reflects the language of the actors themselves. As we shall see in chapter three for example, the Francoist Director General of Health, José Palanca, described the field encompassed by the WHO in 1951 as 'welfare work, humanitarianism and health on the international level'.¹⁰⁹ It is this broad and diffuse field of expertise which forms the subject of this thesis.

In terms of periodisation, this study will cover the years from the end of the Civil War in 1939 until 1959. Although the Franco regime clearly changed and developed over time, there is still some disagreement among historians over the decisive points at which these changes occurred.¹¹⁰ In this case, the cut-off point is taken as the publication of the Stabilisation Plan in 1959, which marked the end of the period of autarky by liberalising foreign trade and opening

¹⁰⁹ *Official Records of the World Health Organization, No. 35: Fourth World Health Assembly, Geneva, 7 to 25 May 1951*, (New York and Geneva: World Health Organization, 1952), 123-24.

¹¹⁰ For an analysis of the various ways in which historians have periodised the regime, see Enrique Moradiellos García, *La España de Franco (1939-1975): política y sociedad* (Madrid: Síntesis, 2000), 26.

up the Spanish economy to foreign investment. The Plan did not cause a decisive shift in Spain's relationship with the outside world in and of itself. Rather, it was the culmination of a process of gradual reintegration into the international community which had been taking place over the course of the 1950s. The Stabilization Plan accelerated the economic growth which had begun to emerge over the previous few years, laying the groundworks for the rapid economic expansion of the 1960s and the social, cultural and political changes which came with it. By the start of the 1960s Spain's international position had stabilised; a semi-integrated member of the Cold War west, accepted into some international organisations but excluded from others, valued as an enemy of communism but ignored as a military power, admired as a tourist destination but largely dismissed as a political relic of a bygone age.

During the 1940s and 1950s, however, Spain's relationship with the outside world had been in flux, lending a political significance to the international work of health and welfare experts, and encouraging the exploration of new ways for Franco's Spain to establish a prominent role on the world stage. The generation of experts who led Spain's engagement with the outside world were products of the interwar era and the Civil War, both professionally and politically. They saw the Franco regime, and the authoritarian right of interwar Europe from which it emerged, as modern, dynamic alternatives to sclerotic and ineffective forms of liberal democracy. During the early years of the Second World War, this belief underpinned their willingness to see Nazi Germany as the harbinger of a new international system. After 1945 they found it difficult to embrace the new political and ideological realities of the post-war global order, prompting them to search around for more familiar and comfortable ways to imagine and interact with the world. It was only with the rise of a new generation, who had not necessarily fought in the Civil War or been so profoundly shaped by the interwar period, that Spanish experts abandoned these dreams and began to accept the immutability of the post-war international system, searching for ways to adapt Spain to the world rather than adapting the world to Spain. The emergence of this new generation and the changes it provoked will be discussed in the conclusion.

Ultimately this thesis disrupts and decentres our understanding of twentieth century internationalism. Moving beyond liberal international organisations and movements, it reveals the range of illiberal, fascist, religious and imperial internationalisms which competed for influence throughout the period. Turning away from the perspective of the Great Powers and Anglo-American elites which has dominated much of the historiography, it shows what the 'international' meant from the perspective of a political outlier on the periphery of Europe. Rejecting the distinction between 'political' organisations and the 'technical' work pursued by specialised agencies, humanitarian organisations and expert networks, it presents health and

welfare experts as political actors, promoting national agendas, pursuing ideological goals, and attempting to shape international organisations and networks in their own interests. Franco's internationalists reveal a history of the mid-twentieth century characterised by the tumultuous interplay of overlapping global, regional and imperial projects, in which health and welfare experts played a central role in attempts to imagine and construct new visions of the world.

Chapter 1

Axis Internationalism: Spanish Experts, Nazi Germany and the 'New Europe'

In November 1941 over fifty government officials and public health experts representing twenty different states attended an international tuberculosis conference in Berlin. In response to the sharp increase in tuberculosis cases across Europe since 1939, they agreed to form the new International Association Against Tuberculosis which would lead the Europe-wide fight against the disease during the war and help lay the foundations for a better post-war future.¹ On the surface this conference looked like a straightforward example of the type of international medical cooperation that had become increasingly common since the mid-nineteenth century with the internationalisation of medicine and public health. Indeed many of the delegates had been involved with pre-war international health organisations such as the International Union Against Tuberculosis and the LNHO, and would go on in the post-war era to work with the WHO and UNICEF. The difference, of course, is the context within which the conference occurred. Organised at the invitation of the Reich Health Office, it encompassed only Axis, occupied or neutral states, and took place within the midst of a European public health crisis provoked by the Nazi war effort and occupation, characterised by the deliberate starvation of millions of Soviet prisoners of war, as well as the restriction of food, fuel and medical supplies across the occupied territories and the unchecked spread of disease in Jewish ghettos.²

The largest national delegation at the conference came from Spain, and the Spanish Director General of Health, José Palanca, was appointed as one of the new Association's vice-presidents. Spanish involvement in the conference formed part of a much wider relationship between Spanish health experts and Nazi Germany during the Second World War. This was based in part on the traditional prestige of German medicine within Spain, and on the history of links between the Spanish and German medical professions. It also represented a continuation of pre-war German cultural diplomacy which had used science and medicine to strengthen ties with friendly states, and particularly with Nationalist Spain following the

¹ The proceedings of the conference and a full list of delegates were published in the journal of the Italian tuberculosis federation in January 1942, based on the official report of the conference committee. 'La fondazione dell'Associazione Internazionale contro la Tubercolosi', *Lotta Contro La Tubercolosi*, anno XIII, 3 (1942), 236–59. See also 'L'associazione internazionale contro la tubercolosi', *Rivista Italiana d'Igiene*, vol. XX, 1 (1942), 78–9.

² Christopher R. Browning, 'Genocide and Public Health: German Doctors and Polish Jews, 1939–41', *Holocaust and Genocide Studies*, 3 (1988), 21–36; Paul Weindling, *Epidemics and Genocide in Eastern Europe, 1890–1945* (Oxford: Oxford University Press, 2000).

outbreak of the Civil War. It also, however, formed part of a much wider pattern of wartime health cooperation and exchange between medical professionals and public health officials across Axis, Axis-aligned and neutral states, which reached its peak in late 1941 and 1942 before being steadily undermined by German military defeats. Health, in turn, formed only a small part of the wide range of international organisations and meetings convened under the umbrella of the Nazi 'New Europe', which brought together student and women's groups, as well as artists, writers, journalists, scientists, doctors and social policy experts.³ As with the case of the 1941 tuberculosis conference, many of these events consciously echoed the language and practices of interwar internationalism, a form of 'Axis internationalism' which reflected a widespread belief that the future of international cooperation and exchange would take place within a Nazi-dominated system.

The tensions that existed in the relationship between Spanish experts and Nazi Germany reflected many of the ambiguities and contradictions inherent within this wartime international cooperation. Nazi Germany and its Axis and authoritarian allies were all deeply opposed to forms of interwar internationalism based on the formal equality of states, mutually-guaranteed territorial integrity, and the principles of liberal democracy. Nazi geopolitics, to the extent it can be clearly defined, projected in its place theories of world order based on racial struggle between nations, international hierarchies and regional hegemony.⁴ When these ideas were put into practice across occupied Europe after 1939, the result was a racially-based hierarchy of European states geared towards maintaining the German war effort via a system of plunder, coercion and exploitation, and expanding German *lebensraum* through the destruction or subjugation of the sovereign states of eastern Europe and their Slavic and Jewish inhabitants.⁵ The language of the 'New Europe' which underpinned international exchange in this context was primarily intended to win support for the Axis war effort, and received little genuine backing from the Nazi leadership beyond small groups within

³ Robert Edwin Herzstein, *When Nazi Dreams Come True: The Third Reich's Internal Struggle over the Future of Europe after a German Victory* (London: Abacus, 1982); Ronald E. Doel, Dieter Hoffman and Nikolai Kremontsov, 'National States and International Science: A Comparative History of International Science Congresses in Hitler's Germany, Stalin's Russia, and Cold War United States', *Osiris*, 20 (2005), 49-76; Elizabeth Harvey, 'International Networks and Cross-Border Cooperation: National Socialist Women and the Vision of a 'New Order' in Europe', *Politics, Religion & Ideology*, 13 (2012), 141-58; Benjamin George Martin, '"European Literature" in the Nazi New Order: The Cultural Politics of the European Writer's Union, 1942-3', *Journal of Contemporary History*, 48 (2013), 486-508.

⁴ Mark Mazower, *Governing the World: The History of an Idea* (New York: Penguin, 2012), 180-88.

⁵ Aly Götz, *Hitler's Beneficiaries: Plunder, Racial War and the Nazi Welfare State* (New York: Metropolitan Books, 2007); Adam Tooze, *The Wages of Destruction: The Making and Breaking of the Nazi Economy* (London: Penguin Books, 2007); Richard J. Evans, *The Third Reich at War: How the Nazis Led Germany from Conquest to Disaster* (London: Penguin, 2007), ch. 4; Mark Mazower, *Hitler's Empire: Nazi Rule in Occupied Europe* (London: Allen Lane, 2008).

the German economics and foreign ministries.⁶ Relations between Spanish health experts and Nazi Germany reflected these contradictions, complicated by divergent attitudes towards religion, race and eugenics, and, more importantly, by German hegemony and by Spain's subservient position within the hierarchical realities of the 'New Europe'.

However, the range of Spanish health experts willing to work with Nazi Germany also reflected the extent to which Francoist elites accepted, and even embraced, the idea of a Nazi-dominated Europe, despite Spain's ambiguous relationship to the Axis powers. The Franco regime maintained close political, military and economic ties with the Third Reich, particularly during the first half of the war, dispatching the volunteer Blue Division to fight on the Eastern Front in 1941 and providing logistical support and vital supplies for the German war effort.⁷ At the same time, Spain was not occupied and never formally joined the Axis coalition, and the Allies were able to exert a significant degree of pressure on the regime through economic blockades and via their numerous sympathisers within the Spanish armed forces and governing elites.⁸ Some of the health experts who worked with Nazi Germany were Falangists keen to strengthen ties with Germany and to promote Spanish intervention in the Axis war effort, for whom the 'New Europe' represented a continuation of the forms of fascist internationalism which had begun to develop during the 1920s and 1930s.⁹ It is these fascists, Falangists and philo-Nazis, many involved with the Blue Division, who have been the focus of much of the recent historiography on Spain's wartime relationship with Germany.¹⁰

The majority of Spanish health experts involved with Nazi Germany, however, were traditional public health officials, military officers, monarchists and Catholics from the more conservative

⁶ Michael Salewski, 'National Socialist Ideas on Europe', in Walter Lippgens (ed.), *Documents on the History of European Integration. Volume 1, Continental Plans for European Union 1939-1945* (Berlin: Walter de Gruyter, 1984), 37-178; Brigit Kletzin, *Europa aus Rasse und Raum: Die nationalsozialistische Idee der Neuen Ordnung* (Münster: LIT, 2000); Mazower, *Hitler's Empire*, ch. 11.

⁷ Paul Preston, 'Franco and Hitler: The Myth of Hendaye 1940', *Contemporary European History*, 1 (1992), 1-16; José Luis Rodríguez Jiménez, *De héroes e indeseables: la División Azul* (Madrid: Espasa, 2007); David Wingeate Pike, *Franco and the Axis Stigma* (Basingstoke: Palgrave Macmillan, 2008).

⁸ Stanley G. Payne, *Franco and Hitler: Spain, Germany, and World War II* (New Haven: Yale University Press, 2008); Pike, *Franco and the Axis Stigma*.

⁹ Rainer Rutz, *Signal: Eine deutsche Auslandsillustrierte als Propagandainstrument im Zweiten Weltkrieg* (Essen: Klartext Verlag, 2007); Roger Griffin, 'Europe for the Europeans: Fascist Myths of the European New Order, 1922-1992', in Matthew Feldman (ed.), *A Fascist Century: Essays by Roger Griffin* (Basingstoke: Palgrave Macmillan, 2008); Robert Grunert, *Der Europagedanke westeuropäischer faschistischer Bewegungen, 1940-1945* (Paderborn: Ferdinand Schöningh, 2012); Martin Gutman, 'Debunking the Myth of the Volunteers: Transnational Volunteering in the Nazi Waffen-SS Officer Corps during the Second World War', *Contemporary European History*, 22 (2013), 585-607. On the history of international and transnational fascism in the interwar period, see Arnd Bauerkämper, 'Interwar Fascism in Europe and Beyond: Toward a Transnational Radical Right', in Martin Durham and Margaret Power (eds.), *New Perspectives on the Transnational Right* (Basingstoke: Palgrave Macmillan, 2010), 39-66.

¹⁰ Ruhl Klaus-Jörg, *Spanien im Zweiten Weltkrieg: Franco, die Falange und das "Dritte Reich"* (Hamburg: Hoffman und Campe, 1975); Wayne H. Bowen, *Spaniards and Nazi Germany: Collaboration in the New Order* (Columbia: University of Missouri Press, 2000).

end of the Francoist political spectrum. Many were experienced international health experts, having worked with the Rockefeller Foundation or the LNHO before the war, and going on to work for the WHO after it. Their involvement with Nazi Germany was only partially, therefore, an act of political affiliation. Most took a cautious attitude towards Spanish involvement in the Second World War, and remained suspicious of elements of both National Socialism and Falangism. However, they did share with their German colleagues a commitment to 'totalitarian' models of public health, and to a sense that Germany, Italy, Spain and the other authoritarian European states represented a political model which had superseded the decaying and ineffective forms of interwar parliamentary democracy. Their professional commitment to international exchange and cooperation pushed them towards the forms of 'Axis internationalism' promoted by Nazi Germany as the only form of international health available during the war. Just as they had previously worked with the Rockefeller Foundation and the LNHO without fully ascribing to the liberal political values which underpinned them, Spanish experts were now happy to cooperate with Nazi Germany without feeling the need to commit to all aspects of National Socialism.

This chapter explores the extent and appeal of 'Axis internationalism' from the perspective of Spanish experts. It will examine the origins of Hispano-German medical relations in pre-war German cultural diplomacy, the individuals and activities involved, the tensions that divided German and Spanish experts, and the interests and ideas which united them. The practical impact of international health cooperation within the 'New Europe' was relatively limited. Although some of Spain's wartime public health policies were influenced by Nazi Germany, many of the more ambitious plans that were drawn up for a new Nazi-led international health system in late 1941 and 1942 had no chance of being implemented before the string of defeats on the Eastern Front and the Allied invasion of Italy in 1943 had radically undermined the political credibility of the Axis cause. The willingness of Spanish experts to engage with Nazi Germany, however, illustrates the degree of support these forms of 'Axis internationalism' enjoyed across the European right during the early years of the war. The use of internationalist language and practices and the traditional prestige of German science and medicine appealed to conservative European elites, who were willing to overlook or rationalise away the political qualms they felt about the Nazi regime. The tensions that emerged between Spanish and German stemmed more from the resentment felt towards overt German hegemony than from ideological or political differences.

Medicine as Cultural Diplomacy

Cooperation between Spanish experts and Nazi Germany during the Second World War built on two decades of German cultural diplomacy, and particularly on the cultural relations formed between Nazi Germany and Nationalist Spain during the Civil War. Spanish doctors had been studying in Germany since the beginning of the twentieth century and saw Germany as the centre of European science and medicine.¹¹ For its part, the German medical profession had been working to strengthen links with Spain and other neutral countries since the early 1920s when it was excluded from many international health organisations and networks in the aftermath of the First World War. These efforts had been fully supported by the German Foreign Office, and science and medicine had become a central plank of German cultural diplomacy in the interwar years, a trend only exacerbated under the Nazis as the gradual alienation between German doctors and international health organisations led to an increasing focus on bilateral cultural relations with sympathetic European allies. The German Foreign Office, the Madrid embassy and a range of allied organisations interested in fostering Hispano-German relations provided much of the impetus and structure behind the relationship between German and Spanish medicine. However, the Civil War period also saw the emergence of some of the tensions that would characterise later links between Spanish medicine and Nazi Germany, particularly the uneven nature of the relationship and the hostility of the Catholic Church to Nazi ‘paganism’.

During the first three decades of the twentieth century many of Spain’s leading doctors and medical researchers had spent time studying or working in Germany, including Gregorio Marañón, Carlos Jiménez Díaz and Juan Negrín.¹² On the Spanish side, these exchanges were facilitated and supported by the *Junta para la Ampliación de Estudios* (JAE), established by the Spanish government in 1907 to promote Spanish science, often through support for study abroad.¹³ The German state supported foreign students through a range of organisations and programmes including Humboldt scholarships and the Academic Exchange Service. These programmes would have a profound impact on wartime collaboration as many of the Spanish

¹¹ Sandra Rebok (ed.), *Traspasar fronteras: un siglo de intercambio científico entre España y Alemania* (Madrid: CSIC, 2010).

¹² Gregorio Marañón (1887-1960) was a physician, intellectual and historian of medicine who specialised in endocrinology and played an important role in the development of medical pathology and biological research in twentieth century Spain, as well as being politically active throughout the 1920s and 1930s. Juan Negrín (1892-1956) was a Spanish doctor and politician who became Prime Minister during the second half of the Spanish Civil War. Both had studied under the pathologist, neurologist and Nobel laureate Santiago Ramón y Cajal.

¹³ Lorenzo Delgado Gómez-Escalonilla, *Imperio de papel: acción cultural y política exterior durante el primer franquismo* (Madrid: Consejo Superior de Investigaciones Científicas, 1992), 14.

figures involved with German medicine during the Second World War had spent time studying at German universities during the 1920s and 1930s.

For Germany, particularly after 1918, these ties were part of the wider goal of developing international scientific relationships as a form of soft power and cultural diplomacy.¹⁴ As with many European states at the beginning of the twentieth century, the German government increasingly saw science and culture as a means of promoting German influence and interests abroad, particularly in helping to overcome the damage to Germany's power and influence caused by the war. Its post-war exclusion from many international scientific and cultural organisations meant that bilateral ties became increasingly important, and the Foreign Office supported a range of organisations and programmes dedicated to improving relations with key partner states through academic exchanges, scholarships and cultural activities, with a particular focus on science and medicine.¹⁵

Despite some recovery to its international standing from the late 1920s, the gradual nazification of German medical institutions after 1933 and the withdrawal from the LNHO in 1935 limited Germany's ability to participate in mainstream forms of international health. By the summer of 1936, for example, the Foreign Office in Berlin was debating whether German scientists should be sent to the international malaria conference due to be held in Madrid for fear that 'Marxist-inspired' French and Spanish experts would conspire with German émigrés to protest against the Nazi regime.¹⁶ Instead, German medical experts were encouraged to develop international ties elsewhere. Germany remained active in the OIHP, while former delegates to the LNHO strengthened medical ties with their counterparts in central, eastern and southern Europe where the increasingly slide towards authoritarian government made relations easier.¹⁷

As well as improving links with countries such as Estonia and Hungary, the Reich Medical Association also looked to strengthen ties with Italy. In May 1937 it drew up an agreement with the Italian Ministry for Public Health to establish a joint German-Italian medical commission with the goal of strengthening the relationship between the German and Italian medical professions. Its provisions included coordination between delegates at international

¹⁴ José María López Sánchez, 'Política cultural exterior alemana en España durante la República de Weimar', *Cuadernos de Historia Contemporánea*, 25 (2003), 235-53.

¹⁵ Paul Forman, 'Scientific Internationalism and the Weimar Physicists: The Ideology and Its Manipulation in Germany after World War I', *Isis*, 64 (1973), 150-80; Susan Gross Solomon (ed.), *Doing Medicine Together: Germany and Russia Between the Wars* (Toronto: University of Toronto Press, 2006); Marició Janué i Miret, 'Un instrumento de los intereses nacionalsocialistas durante la Guerra Civil española: el papel de la Sociedad Germano-Española de Berlín', *Iberoamericana*, 31 (2008), 27-44 29.

¹⁶ Auswärtiges Amt, Politisches Archiv, Berlin (AAPA), Madrid Botschaft 641, 'Internationaler Malariakongress Madrid', Apr 1936.

¹⁷ Weindling, *Epidemics and Genocide*, 221.

health conferences, promoting research and study exchanges, arranging translation of medical texts and exchanging medical journals and literature.¹⁸ The impetus for the agreement had come partly from the experience of the Paris International Exposition in 1937, which had raised fears of a resurgent French cultural diplomacy and convinced German medical leaders of the need for a formal agreement with Italy and other sympathetic states to strengthen their position on the international medical scene.¹⁹ This German-Italian cooperation would later act as the fulcrum for wider forms of wartime medical cooperation across Axis-dominated Europe. In 1939 the Reich Health Office established a separate department of international health to coordinate such efforts.²⁰

German political and military involvement in the Spanish Civil War also provided a timely opportunity for the Nazi regime to strengthen cultural and scientific ties to the Nationalist authorities. A report from October 1937 written by Wilhelm Petersen, later the cultural attaché at the German embassy in Madrid, set out the extent of this opportunity at a time when France and Britain had ceased all cultural activity in Nationalist Spain and where the only real competition came from fascist Italy, whose cultural propaganda the Germans regarded as crudely imperialistic. Petersen recommended a range of activities including exchanges for university students to study in Germany, which he argued would help to provide a cohort of youth leaders who could oppose the older generation of French-trained 'reactionaries' in Spain and help Franco to build the new Spanish state.²¹

Science and medicine would play an important part in these exchanges, supported by organisations such as the German-Ibero-American Medical Academy (*Deutsch-Ibero-Amerikanischen Ärzteakademie*; DIAA) in Berlin. The DIAA had been established in April 1935 by Wilhelm Faupel, head of its sister organisation the Ibero-American Institute (IAI) and the man who would become Germany's first ambassador to Nationalist Spain during the Civil War. Faupel was a highly decorated veteran of the First World War, a Freikorps leader in Silesia and participant in the Kapp Putsch, as well as a former adviser to the Argentine and Peruvian armed forces.²² The DIAA aimed to improve ties between Germany and the medical

¹⁸ Bundesarchiv, Lichterfelde (BArch) Reichskanzlei, R43II, 717, 'Deutsch-Italienische Abkommen über die Zusammenarbeit auf medizinischem Gebiete.'

¹⁹ BArch, R43II, 717, 'Bericht über die deutsch-italienischen ärztlichen Beziehungen und die Vertragsvorherhandlungen.' Although the agreement was signed by the Italian Ministry of Public Health and the Reich Medical Association in October 1937 it was never ratified due to a disagreement with the German Foreign Office about jurisdiction, and in fact caused a wider argument about the ability of various state bodies to negotiate international agreements independent of the Foreign Office.

²⁰ Weindling, *Epidemics and Genocide*, 221.

²¹ AAPA, Madrid Botschaft 614, 'Deutsche Kulturpolitik im Nationalen Spanien', 6 Oct 1937.

²² Oliver Gliech, 'Wilhelm Faupel: Generalstaboffizier, Militärberater, Präsident des Ibero-Amerikanischen Instituts', in Reinhard Liehr, Günther Maihold and Günter Vollmer (eds.), *Ein Institut und*

professions in Spain, Portugal and Latin America through a programme of visits, conferences, exchange programmes and publications. Under the tutelage of the German Foreign Office and with links to the Ministry of the Interior and the Ministry of Education, it formed part of the regime's cultural diplomacy apparatus, aiming both to help German medicine regain the international standing it had enjoyed before the First World War and to improve the general image of Nazi Germany abroad.²³ By 1939 it had supported visits by over 1000 doctors to Germany, primarily from Latin America, but from the start of the Civil War had begun to prioritise links with Nationalist Spain, arranging in 1937 for four Spanish volunteer nurses from the rebel zone to be placed in German hospitals.²⁴ Relations with Spain strengthened considerably after 1939, particularly after the outbreak of the Second World War made communication with Latin America more difficult.²⁵

The DIAA was part of a group of organisations within Germany dedicated to promoting scientific and cultural relations with Iberian and Latin American countries. Chief amongst these was the German-Spanish Society (*Deutsch-Spanische Gesellschaft*; DSG), founded in Berlin in 1930 having developed from a series of Hispano-German friendship societies which had emerged during the 1920s. Its goal was to strengthen cultural and economic ties between Spain and Germany via conferences, exhibitions, debates, publications and other activities, although the military and aristocratic background of many of its leaders prompted it to reduce much of its activity during the early years of the Second Republic. From 1935 it was gradually integrated into the structures of the Nazi state, with board members appointed from a range of ministries and party bodies, and its activities were increasingly aligned with German foreign policy. In 1936 its leadership passed to Wilhelm Faupel, who helped ensure that the DSG would play a central role in the relationship between Germany and the Nationalist authorities during the Spanish Civil War and after.²⁶

German enthusiasm for strengthening medical ties with Spain was matched by elements within the Nationalist medical community. At the height of the Civil War in April 1938, Antonio Vallejo Nágera and three other leading doctors from the faculty of medicine at Valladolid

sein General: Wilhelm Faupel und das Ibero-Amerikanische Institut in der Zeit des Nationalsozialismus (Frankfurt: Vervuert, 2003), 131-79.

²³ Andrés H. Reggiani, 'Medicina y kulturpolitik en la era del nacionalsocialismo: la Academia Médica Germano-Ibero-Americana, 1936-1939', in Sandra Carreras (ed.), *Der Nationalsozialismus und Lateinamerika: Institutionen - Repräsentationen - Wissenkonstrukte* (Berlin: Ibero-Amerikanische Institut, 2005).

²⁴ Ibid.

²⁵ Reggiani, 'Medicina y Kulturpolitik', 59.

²⁶ Janué i Miret, 'Un instrumento'.

University organised a celebration of German medicine in the city's Medical Academy.²⁷ The event was attended by Wilhelm Petersen alongside other representatives of the German embassy, members of the German press corps and representatives of the Nationalist authorities. As well as a statement from the Nationalist foreign minister Jordana, it included talks on the relationship between German and Spanish psychiatry and the significance of German medicine for international science. It was notable for two features that were to characterise Hispano-German medical relations over the coming years. The first was that all four of its organisers had spent time either studying or working in Germany during the 1920s and early 1930s, something which they shared with many of the Spaniards who would be involved with Nazi Germany during the Second World War. The second was the unequal nature of their relationship with Germany authorities. Following the success of the event it was suggested by the German Foreign Office that the four men be invited to the University of Berlin as visiting fellows. However, the German ambassador to Nationalist Spain, Eberhard von Stohrer rejected the idea on the grounds that, with the exception of Vallejo Nágera, and despite their senior roles at Valladolid and their strong reputation within Spanish science, they were not sufficiently distinguished for such a prestigious post.²⁸ Throughout this period there was a consistent and clear power discrepancy between Spanish and German experts, and an understanding amongst Germans that it was their medical achievements and institutions that Spain could learn from and not the other way round. Spanish students would be sent to study at German universities and German experts would often deliver talks or lectures in Spain, but the processes were rarely if ever reversed. The scientific exchange in this relationship was primarily one way. To some extent this was merely a symptom of the high regard in which the German medical profession held itself during the interwar years relative to its European peers, but it would later prove to be a source of tension when combined with a racialised Nazi conception of national hierarchies during the war.

The developing cultural ties between Nazi Germany and the Nationalist authorities were formalised in January 1939 with the signing of a bilateral treaty on cultural relations. As with the report drawn up by Wilhelm Petersen in 1937, scientific education and exchange were at the heart of the proposals. They included agreement on the provision of guest lectureships and temporary research posts for academics and scientists, formalised student exchange

²⁷ AAPA, Madrid Botschaft 614, von Stohrer to Auswärtiges Amt, 30 Apr 1938. In addition to Vallejo Nágera the other three organisers were Isidro de la Villa, gynaecologist, president of the Valladolid medical association and Rector of Valladolid university; Leopoldo Morales Aparicio, surgeon and member of the International Society for Surgery; Misael Bañuelos García, professor of internal medicine at Valladolid university. Vallejo Nágera's wider role in Hispano-German medical relations is discussed below.

²⁸ AAPA, Madrid Botschaft 614, von Stohrer to Auswärtiges Amt, 12 Jan 1939.

programmes and the regular provision of Humboldt scholarships for Spanish students wishing to study in Germany.²⁹ A parallel agreement between the German Academic Exchange Service and the Spanish Ministry of National Education stipulated that half of the students involved in the exchange programme should be studying medicine or natural sciences. The agreement highlights the importance of science and medicine to Hispano-German cultural relations during the period, as well as the increasing significance of such relations to the respective national authorities.

However, the controversy which the agreement caused in Spain also illustrates some of tensions that existed between Franco's Spain and Nazi Germany as a result of Nazi attitudes to religion and the Catholic Church. Although the agreement was signed by Spanish officials in 1939, it faced immediate and strong opposition from Catholic authorities, notably from the Spanish Cardinal Gomá and the Papal Nuncio Gaetano Cicognani. The Church was concerned that the agreement would open the gates to a flood of Nazi propaganda, encouraging a pagan spirit in Catholic Spain, and was particularly worried that a clause prohibiting the publication of books critical of the German regime would restrict its freedoms in contravention of the 1851 concordat. This concern was so great that the Pope wrote directly to Franco at the end of January urging that the agreement to be scrapped. In the face of such opposition, Spanish authorities agreed that the document would not be ratified, delaying the implementation of much of the programme until 1941.³⁰

Despite these tensions, medicine remained an important factor in German cultural diplomacy in Spain after the outbreak of the Second World War. Cultural relations were central to the battle for influence over Spain during the war, with both Germany and Britain working to shape the allegiances of various nationalist factions amongst the Madrid and Barcelona elites, and in turn to influence Francoist foreign policy. German cultural diplomacy was enhanced in May 1941 when the Madrid embassy opened a new Institute of German Culture. Under the direction of a German hispanist Dr. Heinermann, and supported by the Cultural Relations Section of the Germany embassy headed by Wilhelm Petersen, the Institute put medical and scientific collaboration at the centre of its work.³¹ One of its first events was the screening of a series of medical and surgical films as part of the Spanish National Medical Congress, attended by over seventy leading physicians and public health experts including the Director General of Health José Palanca, the head of public health in Madrid Primitivo de la Quintana, and the Dean of the Madrid Medical Faculty Enriquez de Santander. The films were provided by the

²⁹ AAPA, Madrid Botschaft 852, 'Deutsch-Spanisches Kulturabkommen.'

³⁰ Antonio Marquina, 'La iglesia española y los planes culturales alemanes para España', *Razon y Fe*, 975 (1979), 354-70.

³¹ *Revista de Sanidad e Higiene Pública*, 4 (Jul-Aug 1941), 412,

Reich Office for Training Films, and were part of an ongoing series of screenings that the Institute held over the coming years in collaboration with the Madrid Medical Faculty, primarily dealing with surgical procedures.³²

Another development in 1941 was the establishment of the Hispano-German Association (*Asociación Hispano-Germana*; AHG) in Madrid. Formed in collaboration with the embassy's Cultural Section and with the encouragement of von Ribbentrop and the German Foreign Office, the AHG aimed to develop bilateral relations, serve as a channel for news about Germany within Spain, and help Germany to influence leading members of Spanish society and the Franco regime.³³ The association's membership included leading figures from the Spanish medical profession. By 1943 it included José Palanca and Primitivo de la Quintana, the head of infant hygiene services at the Department of Health Juan Bosch Marin, Falangist physician and future Rector of the University of Madrid Pedro Laín Entralgo, Professor of Psychiatry at the Ramón y Cajal Institute Juan José Lopez Ibor, as well as Carlos Jimenez Díaz and Gregorio Marañón.³⁴

Some of the most enthusiastic participants in these forms of cultural relations on the Spanish side were experts linked to the Falange, who formed part of a wider group of broadly pro-Nazi Spaniards who were at the centre of Hispano-German relations during the Second World War. Pedro Laín Entralgo, for example, made numerous visits to Nazi Germany during the late 1930s and early 1940s.³⁵ Others constructed ties around the Blue Division. The Falange's National Delegate for Health, Agustín Aznar, worked with the Reich Health Ministry and the Reich Medical Association during his time in Germany as a Blue Division volunteer.³⁶ The Falangist health syndicate *18 de Julio*, sent four doctors on a study tour to Germany in November 1942 at the invitation of the Reich Medical Association, including the Blue Division volunteer and post-war president of the Spanish College of Medicine, Armando Muñoz Calero.³⁷ However extensive such links were, to those involved their value was more diplomatic and political than it was scientific. The leading actors on both sides, German government departments, medical and cultural organisation in Germany and their Falangist counterparts in Spain, saw them as part of a wider web of connections between the two countries which they both hoped would

³² Geheimes Staatsarchiv Preussischer Kulturbesitz, Berlin (GStA), Deutsch-Ibero-Amerikanische Ärzteakademie 218 A, 19, various correspondence concerning medical films, May-Jul 1941.

³³ Delgado Gómez-Escalonilla, *Imperio de papel*, 197.

³⁴ AAPA, Madrid Botschaft, Kultur, 44, 'Relacion de Asociados de la Asociación Hispano-Germana.'

³⁵ Pedro Laín Entralgo, *Descargo de conciencia, 1930-1960* (Barcelona: Galaxia Gutenberg, 1976).

³⁶ Archivo General de la Administración, Alcalá de Henares (AGA), Delegación Nacional de Sanidad, (9)17.11 51/10437, various correspondence with Aznar, Feb-Oct 1943; Bowen, *Spaniards and Nazi Germany*, 146.

³⁷ BArch, DSG, R 64-1, 13, 'Aus dem Arbeitsgebiet des Ibero-Amerikanischen Instituts, 1. Jul bis 31. Dezember 1941'.

pull Spain closer into the orbit of Nazi Germany and, ultimately, help to secure Falangist domination of the Spanish government.³⁸ Outside of the Falange though, a wider group of more conservative public health experts were also working closely with their Nazi counterparts.

Spanish Experts in the 'New Europe'

In October 1941, José Palanca and Primitivo de la Quintana departed on a tour of the 'New Europe'. Over the next two months the pair travelled to Berlin, Stuttgart, Munich, Vienna, Cracow, Warsaw, Lemberg, Milan and Rome. During the trip they visited sanatoria and troop hospitals, studied the nutritional situation in various countries, discussed the typhus epidemic sweeping through the territories of the General Government, attended the international tuberculosis conference in Berlin and met with the leaders of the Italian public health service in Rome.³⁹ Although the two men belonged to the Catholic, monarchist and military traditions of Spain's conservative Department of Health and did not share the fervent pro-Nazi sympathies of some of their falangist colleagues, their tour represented the peak of cooperation between the Spanish public health profession and the Third Reich.⁴⁰ It also encompassed the two main areas around which this cooperation flourished: typhus and tuberculosis.

The fight against typhus lay at the heart of the extensive public health cooperation between Axis and Axis-aligned European states during the war, including scientific cooperation in the form of exchanges amongst researchers and international work on the development of vaccines. The disease had become endemic across eastern and central Europe since the start of the war, exacerbated by military mobilisation and civilian displacement, posing a major risk to both the German public health system and troops fighting on the Eastern Front. Spain was also suffering from a major typhus outbreak at the time, in part due to the regime's initial reluctance to recognise the problem in the immediate aftermath of the Civil War.⁴¹ Spanish experts were deeply involved in international wartime cooperation concerning typhus control.

³⁸ Ismael Saz Campos, *Las caras del franquismo* (Granada: Editorial Comares, 2013), 59-63; Wayne H. Bowen, 'Pilar Primo de Rivera and the Axis Temptation', *The Historian*, 67 (2005), 62-72.

³⁹ José Alberto Palanca, *Medio siglo al servicio de la sanidad pública* (Madrid: Cultura Clásica y Moderna, 1963), 207-09.

⁴⁰ Jorge Molero Mesa and Isabel Jiménez Lucena, 'Salud y burocracia en España: los cuerpos de Sanidad Nacional (1855-1951)', *Revista Española de Salud Pública*, 74 (2000), 63-71; Esteban Rodríguez Ocaña, *Salud pública en España: ciencia, profesión y política, siglos XVIII-XX* (Granada: Universidad de Granada, 2005), 109.

⁴¹ Isabel Jiménez Lucena, 'El tifus exantemático de la posguerra española (1939-1943): el uso de una enfermedad colectiva en la legitimación del "Nuevo Estado"', *Dynamis*, 14 (1994), 185-98.

Typhus experts from German institutions, including the Hamburg Institute of Tropical Medicine and the Frankfurt Institute for Experimental Therapy, undertook study visits and lecture tours in Spain during the first half of the war, and German researchers worked on typhus in Seville and elsewhere. Spanish students were also invited to join international teams working on typhus vaccines at the military Institute for Virology in Cracow and the Behring Institute in Lemberg.⁴² One of Spain's leading typhus researchers during the Franco era, Florencio Pérez Gallardo, visited Germany and occupied Poland in the early 1940s to study laboratory techniques.⁴³ There was a significant degree of cooperation between public health officials on the development of anti-typhus policies. Primitivo de la Quintana, for example, led the fight against typhus in Madrid between 1941 and 1942, and during his trip to Germany was not only able to study anti-typhus measures there and in the occupied territories but also gave a paper on the Spanish epidemic to the Reich Medical Association in Berlin in the presence of Reich Health Minister Leonardo Conti.⁴⁴ In 1942 José Palanca cited the influence of his visit to Germany and the support of the Reich Medical Association in the development of Spanish anti-typhus programmes.⁴⁵

In the field of tuberculosis, cooperation between Francoist health experts and their German and Italian counterparts had begun shortly after the outbreak of the Spanish Civil War in 1936. Like many authoritarian states across Europe, Franco's government used the control of tuberculosis to promote its political competence and concern for social welfare, with the construction of sanatoria presented as a symbol of social progress and scientific modernity.⁴⁶ Francoist authorities established the National Anti-Tuberculosis Council, under the leadership of José Palanca, just a few months after the outbreak of the Civil War in December 1936, and the provision of sanatoria beds appeared as a recurring theme in propaganda aimed at the foreign press.⁴⁷ Francoist public health experts were influenced by the tuberculosis control policies adopted by authoritarian European governments, with journals carrying frequent

⁴² Weindling, *Epidemics and Genocide*, 323. In December 1941 the Spanish newspaper *ABC* claimed that a German researcher working in Seville had succeeded in developing a new form of typhus vaccine. See 'La Medicina y los Médicos', *ABC*, 19 Dec 1941, 12.

⁴³ G. Clavero del Campo and F. Pérez Gallardo, *Técnicas de laboratorio en el tifus exantemático* (Madrid: Imprenta de Prensa Española, 1943), 11.

⁴⁴ 'La Medicina y los Médicos', 12; Primitivo Quintana López, *Sociedad, cambio social y problemas de salud* (Madrid: Real Academia Nacional de Medicina, 1966), 206.

⁴⁵ José Palanca, 'Los servicios sanitarios españoles a través de la guerra de liberación', *Actualidad Médica*, 18 (1942), 1–12.

⁴⁶ Jorge Molero-Mesa, 'Health and Public Policy in Spain during the Early Francoist Regime (1936–1951): The Tuberculosis Problem', in Iris Lowy and John Krige (eds.), *Images of Disease: Science, Public Policy and Health in Post-War Europe* (Luxembourg: Office for Official Publications of the European Union, 2001), 141–66.

⁴⁷ An example of the use of tuberculosis within the regime's international propaganda can be seen in 'Spanish Letter', *The Tablet*, 27 Aug 1938, 11.

reports on developments in Italy, Germany and Hungary.⁴⁸ Fascist Italy had introduced a tuberculosis insurance scheme in 1927, which the Falange proposed to copy in Spain during the Civil War, and which loomed large in Spanish thinking on the construction of a modern social welfare system.⁴⁹ The relationship between the National Anti-Tuberculosis Council and its equivalents in Germany and Italy, the Reich Tuberculosis Committee and the Italian National Fascist Federation for the Fight Against Tuberculosis, formed the foundation of international cooperation during the Second World War, with the three organisations regularly sending experts to speak at each other's national conferences and organising tours, exchanges and research visits after 1939.⁵⁰

The result of these efforts, and the centrepiece of Palanca and Quintana's tour, was the international tuberculosis conference in Berlin. Spain's delegation included the Director of the National School of Public Health Gerardo Clavero Campo and leading figures from the National Antituberculosis Council. It had been organised by Leonardo Conti and President of the Reich Tuberculosis Committee, Otto Walter, with the stated goal of forging international cooperation at a time when the mass movement of people across Europe, particularly migrant workers, risked sparking the kind of tuberculosis epidemic seen during the First World War.⁵¹ The new International Association Against Tuberculosis would disseminate experiences and ideas through a biannual 'world conference' and a multilingual international journal. Its proposed structure reflected political hierarchies within the 'New Europe'. Germany and Italy were assigned the most senior roles, with the head of the Italian Anti-Tuberculosis Federation elected president, while more junior positions were granted to key allies such as Hungary and Spain. In reality, however, the association remained under German control, with its headquarters in Berlin and Otto Walter placed in charge of its administrative committee. Although the conference was primarily intended to begin preparations for post-war cooperation, the delegates began to draw up ambitious plans concerning the treatment of

⁴⁸ The Department of Health's official journal published three articles on European tuberculosis policies between 1938 and 1939: J.L'Eltore, 'Notas sobre la Organización Antituberculoso en Italia', *Revista de Sanidad e Higiene Pública*, 5 (1938), 338–41; José Argemi Lloveras, 'La ley del Seguro Obligatorio contra la Tuberculosis en Italia', *Revista de Sanidad e Higiene Pública*, 6 (1938), 373–8; José Argemi Lloveras, 'La Obra Antituberculosa Escolar en Hungría', *Revista de Sanidad e Higiene Pública*, 7 (1939), 444–57.

⁴⁹ Jorge Molero Mesa, 'Enfermedad y previsión social en España durante el primer franquismo (1936–1951): el frustrado seguro obligatorio contra la tuberculosis', *Dynamis*, 14 (1994), 199–225.

⁵⁰ See, for example, the reports on visits of Italian experts to Spain and international participation in German conferences in *Lotta Contro La Tuberculosis*, anno XII, 7 (1941), 448, and anno XIII, 10 (1942), 271.

⁵¹ 'La fondazione dell'Associazione Internazionale contro la Tuberculosis', *Lotta Contro La Tuberculosis*, anno XIII, 3 (1942), 236–59.

migrant workers, occupational therapy and the collection and dissemination of epidemiological statistics.⁵²

The language used at the conference reflected the extent to which Nazi authorities aimed to position themselves within the traditions of international health cooperation which had developed since the nineteenth century, and to present the proposed International Association Against Tuberculosis as an improved version of the pre-war international health system. Otto Walter lamented that international efforts in the past had not always been easy or effective, but argued that the war had brought the peoples of Europe into much closer contact than ever before, ushering in a new era of 'intimate collaboration'.⁵³ The field of public health, he argued, was the perfect vehicle for strengthening international cooperation because 'no state wishes to become better than the others in preserving the health of its own people'.⁵⁴ The new association would represent an improved form of international health, more effective than the pre-war work of the International Union Against Tuberculosis in that it would go beyond sterile debates at conferences to foster regular, active exchange between experts in different countries and have a genuine impact on national systems.⁵⁵ Leonardo Conti dwelt on the need to find international solutions to an international problem, and argued that the success of this new form of international cooperation would rest on the ideological unity of the nations involved, 'intimately connected peoples, who constitute a bloc with a common destiny'.⁵⁶ The scientific mission of the conference presented analogies, he argued, with the political mission of the Anti-Comintern Pact meeting taking place in Berlin at the same time. Joint work in the field of tuberculosis would be the foundation stone for wider public health cooperation across Europe, helping not only to win the war but to help forge a better post-war world.⁵⁷

Nazi authorities adopted the language and practices of pre-war internationalism in a number of different fields during the early years of the Second World War. In some cases this involved the formation of new 'international' or 'European' bodies bringing together cultural, technical or professional groups, such as the organisations for European youth, women and writers set up between 1941 and 1942. In other cases it involved appropriating existing international organisations which had either fallen under direct German control or were of practical interest for Nazi authorities. In the field of health, for example, German officials attempted to transfer

⁵² 'La fondazione', 250; 'L'associazione internazionale contro la tubercolosi', *Revista Italiana d'Igiene*, vol. XX, 1 (1942), 78–9.

⁵³ *Ibid.*, 244

⁵⁴ *Ibid.*, 242

⁵⁵ *Ibid.*, 244.

⁵⁶ *Ibid.*, 241.

⁵⁷ *Ibid.*, 240–1.

the International Office of Public Hygiene (*Office International d'Hygiène Publique*; OIHP) from Paris to Berlin or Vienna, and to 'Europeanise' the Swiss-based International Hospital Federation.⁵⁸ In some instances Nazi authorities physically expropriated the sites of pre-war international institutions. When the ILO moved to Montreal in 1940, the German Labour Front attempted to occupy its former headquarters in Geneva and transform the Central Office for Joy and Labour into an alternative international labour organisation.⁵⁹ Beyond these rather superficial attempts to expropriate the trappings of pre-war internationalism, Nazi authorities also demonstrated a willingness to borrow ideas and practices from liberal international organisations when the occasion demanded. The wartime dispute between Hungary and Romania over Transylvania, for example, prompted Nazi authorities to adopt the language of international mediation and minority rights to diffuse a potentially damaging conflict between its Axis rivals, establishing a joint German-Italian Commission on the issue which echoed many of the goals and expectations of its precursors within the League of Nations.⁶⁰

While many of these initiatives were aimed at establishing German hegemony over important technical bodies, the evidence from the international tuberculosis conference also suggests that they were remarkably successful in attracting support from experts who had worked with 'mainstream' international organisations prior to the war, or would go on to do so in the post-war era. This was particularly true in the case of Spain. José Palanca, for example, was a former Rockefeller Fellow who had been Spain's representative at the OIHP before the Civil War and would be Spain's lead delegate to the WHO from 1951.⁶¹ Primitivo de la Quintana also worked with the WHO in the 1950s, whilst Gerardo Clavero Campo worked with both the WHO and UNICEF.⁶² Like José Palanca, Clavero Campo was happy to maintain links with the Rockefeller Foundation, the LNHO and Nazi Germany throughout the Second World War, reflecting a professional enthusiasm for international health which appeared to transcend political boundaries.⁶³ Other delegates at the conference had a similar international pedigree. The Hungarian bacteriologist József Tomcsik had worked with the Rockefeller Foundation in the

⁵⁸ Madeleine Herren and Sacha Zala, *Netzwerk Aussenpolitik: Internationale Kongresse und Organisationen als Instrumente der schweizerischen Aussenpolitik, 1914-1950* (Zurich: Chronos, 2002), 216-17; Iris Borowy, 'Freundschaft, Feindschaft, Neutralität? Die LNHO des Völkerbundes und das Deutsche Reich während des Zweiten Weltkriegs', in Wolfgang U. Eckart and Alexander Neumann (eds.), *Medizin im Zweiten Weltkrieg: Militärmedizinische Praxis und medizinische Wissenschaft im "Totalen Krieg"* (München: Ferdinand Schöningh, 2006) 34.

⁵⁹ Sandrine Kott, 'Fighting for War or Preparing for Peace? The ILO during the Second World War', *Journal of Modern European History*, 12 (2014), 359-76.

⁶⁰ Holly Case, *Between States: The Transylvanian Question and the European Idea during World War II* (Stanford: Stanford University Press, 2009), 151-74.

⁶¹ Palanca, *Medio siglo*, 62, 94-94, 159-63.

⁶² *Académicos Numerarios del Instituto de España. 1938-2004*, (Madrid: Instituto de España, 2005), 179.

⁶³ League of Nations Archive, Geneva (LONA), Registry Files 1933-1947, Section 8a, Series 15197, R. 6118, Biraud to Gautier, 22 Mar 1943 and 6 June 1943.

interwar period.⁶⁴ The German social hygienist Wilhelm Hagen, officially representing the General Government at the conference, went on to work with the WHO after the war.⁶⁵ Both Niels Sjorslev from Denmark and Edouard Rist from France attended the first post-war meeting of the re-formed International Union Against Tuberculosis in 1950.⁶⁶ The overlap of participants between liberal and Nazi-led organisations illustrates the success of Nazi authorities in presenting their wartime plans as a continuation of pre-war international health, and the willingness of European expert to accept Nazi leadership during a period of global dislocation in which pre-war international networks had largely broken down.

The background of Spanish experts involved with Nazi Germany also emphasises the willingness of traditional, conservative elites to engage with Nazi-led international health during first half of the war. The majority of health-related cooperation between Spain and the Third Reich during the war involved the Spanish Department of Health and the conservative public health experts who belonged to it. The department formed part of the Interior Ministry (*Ministerio de la Gobernación*), led in 1941 by the monarchist Valentín Galarza, a prominent opponent of the Falange within the Franco regime. Over the course of the 1940s the Department was involved in an ongoing power struggle with the Falange over control of the Spanish health system.⁶⁷ It was dominated by military, Catholic and monarchist figures, representatives of the National Catholicism that lay at the heart of the early Franco regime.⁶⁸ These conservative elites, in contrast to their falangist counterparts, were generally more ambivalent towards the Axis cause and traditionally much more hostile towards the idea of European unity and cooperation.⁶⁹ Of the Department's experts who cooperated most closely with Nazi Germany, José Palanca came from a family of military doctors and had served as a parliamentary deputy with the right-wing CEDA party under the Second Republic, whilst Primitivo de la Quintana went on to join the monarchist opposition to Franco after the Second World War.⁷⁰ Nevertheless, these conservative experts proved just as willing to work with Nazi Germany as their falangist counterparts, and in many instances the two groups were involved in the same networks and initiatives.

⁶⁴ Hans Girsberger, *Who's Who in Switzerland, including the Principality of Liechtenstein* (Zurich: Central European Times Publishing Company, 1955), 418.

⁶⁵ WHO Institutional Repository for Data Sharing (WHO IRIS), Report on First Session of the International Anti-Venereal Disease Commission of the Rhine, 21 Dec 1951. http://apps.who.int/iris/bitstream/10665/128169/1/EB9_39_eng.pdf (accessed 15 June 2015).

⁶⁶ *XIe Conférence de l'Union internationale contre la tuberculose, Copenhague, 3–6 Septembre 1950* (Copenhagen: A. Busck, 1951)

⁶⁷ Rodríguez Ocaña, *Salud pública*, 109.

⁶⁸ Molero Mesa and Jiménez Lucena, 'Salud y burocracia', 71.

⁶⁹ Paul Preston, *Franco: A Biography* (London: Fontana Press, 1995), 343-505; Rafael García Pérez, 'La idea de la "Nueva Europa" en el pensamiento nacionalista española de la inmediata posguerra, 1939-1944', *Revista del Centro de Estudios Constitucionales*, 5 (1990), 203-40.

⁷⁰ *Anales de la Real Academia de Ciencias Morales y Políticas*, 74 (1997), 617–618; Palanca, *Medio siglo*.

Ideology, Language and 'Totalitarian' Public Health

How do we explain the willingness of Spanish experts from across the Francoist political spectrum to cooperate so extensively with Nazi Germany, particularly given that Spain's ambiguous relationship with the Axis powers meant they were free from the direct pressures faced by their colleagues in occupied Europe? In the post-war era many of those most closely involved with the Third Reich came to emphasise the tensions and areas of disagreement in their relationship with Nazi Germany, presenting them as indicative of a fundamental incompatibility between Spanish principles, whether falangist or conservative, and the Nazi regime. Primitivo de la Quintana, for example, had given enthusiastic reports to newspapers about his visit to Germany after his return in 1941.⁷¹ But following his death in 1996, Pedro Laín Entralgo (who had renounced his support for Nazi Germany and the Franco regime in the post-war period) claimed that Quintana's despair at what he witnessed in Nazi-occupied Europe had prompted him to break from the Franco regime and resign from the Department of Health.⁷² In his memoirs published in 1964, José Palanca presented his experiences of Nazi Germany in a similarly negative light. The tuberculosis conference he described as 'a small farce', with everyone present aware that Germany was going to lose the war and that plans for a new organisation weren't going to bear fruit.⁷³ As well as criticising the atheism of the Nazi regime, he also dwelt on the experience of Jews in the General Government territories, claiming he knew that the Nazis weren't interested in combatting the typhus epidemic in ghettos and recounting a story of an incident he witnessed in which the head of public health in Warsaw mistreated a Jewish doctor and threatened to send him to a concentration camp.⁷⁴

These sources, however, need to be treated with a degree of caution. It is conceivable that as part of their visit Palanca and Quintana would have come across incidents and attitudes they were uncomfortable with, particularly related to euthanasia policies and the atheism of the Nazi regime. It is even credible that their experiences in the occupied territories, at a time when conditions for Jews and Poles were truly terrible, would have had a profoundly negative affect on a relative moderate such as Quintana. However, these accounts follow a pattern of post-war Spanish memoirs and testimonials aimed at playing down links with the Third Reich. The majority were written by Blue Division veterans and were coloured by their desire to

⁷¹ 'Medicina y los Medicos', 12

⁷² Pedro Laín Entralgo, 'En memoria de Primitivo de la Quintana', *El País*, 21 Sep 1996, 26. Quintana did leave his role in the Department towards the end of the war, but continued to hold important positions within the Spanish health system. For more on the post-war trajectory of Pedro Laín Entralgo, see Santos Juliá, '¿Falange liberal o intelectuales fascistas?', *Claves de Razón Práctica*, 121 (2002), 4-13; Michael Richards, *After the Civil War: Making Memory and Re-Making Spain since 1936* (Cambridge: Cambridge University Press, 2013), 17-23.

⁷³ Palanca, *Medio siglo*, 208.

⁷⁴ *Ibid.*, 207-09.

distance themselves from the discredited Nazi cause, whilst retaining the more positive pro-European and anti-Bolshevik character of their involvement with the Axis struggle.⁷⁵ One way they did this was to emphasise Nazi anti-Semitism and to make clear their opposition to it, a trope absent from contemporary accounts but increasingly prominent in the post-war era as awareness of the Holocaust grew in Spanish society.⁷⁶ Palanca's story about the Jewish doctor in Warsaw certainly fits this pattern, as does the autobiography of Pedro Laín Entralgo, who was at pains to highlight the number of times he had received disapproving looks from Germans for helping elderly Jews to cross the street.⁷⁷

There were, however, genuine ideological disagreements over Nazi attitudes towards racial hygiene, eugenics and euthanasia which affected Hispano-German cooperation in certain areas. Spanish attitudes towards race, even among the extreme right, had traditionally been based on ideas of mixture, hybridity and the fusion of peoples rather than on the idealisation of racial purity which underlay Nazi racial thought.⁷⁸ Spanish experts, both conservatives and Falangists, also took their lead from the Catholic Church in opposing 'negative' eugenics policies, and were much more comfortable with the idea of a 'positive' Latin Eugenics shared by colleagues in Italy, Portugal and Latin America.⁷⁹ This was reflected in patterns of international cooperation in the fields of population policy and racial hygiene. Demographic concerns underpinned much early Francoist public health and welfare policy, with a wide range of programmes and institutions established to support Franco's goal of reaching a population of 40 million people.⁸⁰ These included infant hygiene services under the control of the Department of Health, compulsory education for mothers organised by the *Sección Femenina* and *Auxilio Social*, and bodies such as the *Instituto de Puericultura*. Spanish experts generally rejected the idea of sterilization, with the emphasis more on increasing the quantity

⁷⁵ Xosé M. Núñez Seixas, '"Russland war nicht schuldig": Die Ostfronterfahrung der spanischen Blauen Division in Selbstzeugnissen und Autobiographien, 1943-2004', in Michael Epkenhans, Stig Förster and Karen Hagemann (eds.), *Militärische Erinnerungskultur: Soldaten im Spiegel von Biographien, Memoiren und Selbstzeugnissen* (Paderborn: Ferdinand Schöningh, 2006).

⁷⁶ Xosé M. Núñez Seixas, 'Testigos o encubridores? la División Azul y el Holocausto de los judíos europeos: entre historia y memoria', *Historia y Política*, 26 (2011), 259-90.

⁷⁷ Laín Entralgo, *Descargo*, 297-98.

⁷⁸ Joshua Goode, *Impurity of Blood: Defining Race in Spain, 1870-1930* (Baton Rouge: Louisiana State University Press, 2009).

⁷⁹ Raquel Álvarez Peláez, 'Eugenesis y fascismo en la España de los años treinta', in Rafael Huertas and Carmen Ortiz (eds.), *Ciencia y fascismo* (Madrid: Doce Calles, 1998), 77-96; Marius Turda and Aaron Gillette, *Latin Eugenics in Comparative Perspective* (London: Bloomsbury, 2014). Many Spanish eugenicists were, however, influenced by German thinkers and 'Nordic' eugenics, most notably the psychiatrist Antonio Vallejo Nágera, who maintained extensive links with German psychiatry until well after the Nazi rise to power. See Michael Richards, 'Antonio Vallejo Nágera: Heritage, Psychiatry and War', in Alejandro Quiroga and Miguel Ángel del Arco (eds.), *Right-Wing Spain in the Civil War Era: Soldiers of God and Apostles of the Fatherland, 1914-45* (London: Continuum, 2012).

⁸⁰ Antonio Polo Blanco, *Gobierno de las poblaciones en el primer franquismo, 1939-1945* (Cádiz: Servicio de Publicaciones de la Universidad de Cádiz, 2006).

of births rather than on active biological selection. The field of *puericultura* was central to these policies, distinct from traditional paediatrics to the extent that it concerned itself not just with the control of infant health but also with the reproductive habits of mothers, thereby linking public health policies to forms of social, political and ideological control.⁸¹ While Spanish experts interested in population policies looked towards the 'totalitarian' states which were perceived to be vigorously addressing the problem of demographic decline, they rejected the idea of active biological selection through abortion or forced sterilisation in favour of an emphasis on increasing the quantity of births and moulding the behaviour of parents.⁸²

As a result, Spanish interest was much more focussed on the example of Italy than on the problematic policies pursued by the Nazi regime.⁸³ Where Germany was cited as an example, it was generally done with a narrow focus was infant and maternal health services rather than on wider German eugenics policies.⁸⁴ A partial exception was Antonito Vallejo Nágera, the organiser of the 1938 German Medicine Conference in Valladolid, whose work was much more directly influenced by German medicine. A psychiatrist with a background in military medicine, his first experience of Germany had come in 1919 when he formed part of a delegation to the Spanish embassy in Berlin tasked with inspecting German prisoner of war camps.⁸⁵ As pioneer of racial hygiene and Catholic-inspired Latin eugenics within Spain he was heavily influenced by German psychiatry.⁸⁶ After the outbreak of the Civil War he was appointed head of the Francoist military psychiatric service, and in that role carried out a range of experiments on Republican prisoners during and after the Civil War. Based on a politicised version of constitutional theory which linked personality to a constitutional predisposition towards Marxism, his experiments focused on the possibilities of ideological conversion of prisoners and the nature of Marxist fanaticism, particularly amongst women. Not only were the experiments influenced by the work of German psychiatrists, but Gestapo officers and Nazi

⁸¹ Josep Bernabeu-Mestre and Enrique Perdiguero-Gil, 'At the Service of Spain and Spanish Children: Mother-and-Child Healthcare in Spain During the First Two Decades of Franco's Regime (1939-1963)', in Iris Lowry and John Krige (eds.), *Images of Disease: Science, Public Policy and Health in Post-war Europe* (Luxembourg: Office for Official Publications of the European Union, 2001), 167-86; Polo Blanco, *Gobierno de las poblaciones*.

⁸² Bernabeu-Mestre and Perdiguero-Gil, 'At the Service of Spain'.

⁸³ On Italian eugenics and population policies, see Francesco Cassata, *Building the New Man: Eugenics, Racial Science and Genetics in Twentieth-Century Italy* (Budapest: Central European University Press, 2011).

⁸⁴ See, for example, the three articles published by the Spanish gynaecologist Peña Regidor on German maternity hospitals, maternity legislation and the mother and infant health service over the course of 1943. 'La obra social de auxilio a la madre y al niño en Alemania', *Ser*, 12 (Jan 1943), 77; 'Nueva ley social de la protección a la maternidad en Alemania', *Ser*, 19 (Aug 1943), 100; 'Los Hogares Maternales y su importancia medicosocial en Alemania', *Ser*, 23-24 (Nov-Dec 1943), 52.

⁸⁵ Richards, 'Antonio Vallejo Nágera', 207.

⁸⁶ Michael Richards, 'Spanish Psychiatry c. 1900-1945: Constitutional Theory, Eugenics, and the Nation', *Bulletin of Spanish Studies*, 81 (2010), 823-48.

doctors also visited the camps where they were taking place to aid their own research.⁸⁷

Vallejo Nágera's ties with Germany were emphasised by his invitations to attend the International Congress of Forensic and Social Medicine in Bonn in 1938, and the abortive International Racial Hygiene Conference in Vienna that had been planned for 1940.⁸⁸

However, his interest in Nazi racial hygiene did not reflect a widespread embrace of Nazi eugenics policies among Francoist experts. Italian population and demographic policies, in contrast, were widely disseminated in Spain through conferences, exchanges and medical journals.⁸⁹ In September 1940 a population sciences congress in Porto brought together population experts from Spain, Portugal and Italy, including the famous Italian demographer Corrado Gini.⁹⁰ In 1942 the head of infant hygiene services at the Department of Health, Juan Bosch Marín, published a monograph based on a conference held at the Italian Institute of Culture entitled *How Mussolini's Italy Has Resolved the Demographic Problem*.⁹¹ Progress in this field, Bosch Marín argued, was one of the finest achievements of Mussolini's government, which had been uniquely successful in addressing a problem that was besetting the whole of civilised Europe. This success he ascribed to the 'firmness and characteristic efficiency of fascism', which had attacked the causes of negative demographics by putting in place positive eugenic measures to stimulate population, focussed on the institutions of marriage and the family and based on the 'moral climate' Mussolini had created.⁹² The positive 'Latin eugenics' promoted in Fascist Italy was much more compatible with Francoist attitudes than the 'negative eugenics' pursued by the Nazi regime.

Beyond these immediate fields, however, there is little evidence that ideological tensions placed any significant constraints on Hispano-German health cooperation. Communication between Spanish experts and their German colleagues was facilitated by a shared set of assumptions concerning modern public health, its role in national regeneration and the relationship between the state and sick individuals. Despite their ideological differences, for example, both regimes used the fight against infectious diseases as a means to exert political

⁸⁷ Richards, 'Antonio Vallejo Nágera', 199; See also Michael Richards, 'Morality and Biology in the Spanish Civil War: Psychiatrists, Revolution and Women Prisoners in Malaga', *Contemporary European History*, 10 (2001), 395-421.

⁸⁸ AAPA, Madrid Botschaft 641, Ministerio de Asuntos Exteriores to Auswärtiges Amt, 18 Sept 1938, and telegram San Sebastián to Auswärtiges Amt, 19 Aug 1939. Vallejo Nágera was unable to attend the International Congress of Forensic and Social Medicine but did submit two papers for consideration, one of which was published in the conference proceedings.

⁸⁹ See the various articles on Italian demographic policies published in the Falangist medical journal *Ser* and the *Revista de Sanidad e Higiene Pública* between 1939 and 1943.

⁹⁰ *Revista de Sanidad e Higiene Pública*, 1 (1941), 92.

⁹¹ Juan Bosch Marín, *Como ha resuelto la Italia de Mussolini el problema demográfico* (Madrid: Dirección General de Sanidad, 1942).

⁹² *Ibid.*, 16 & 33.

control over undesirable populations and social groups. In Nazi-occupied east-central Europe, the language, techniques and technologies of typhus control were intimately bound up with the control and destruction of Jewish populations.⁹³ In Spain typhus was used as a tool to exert social control and to legitimise the Franco regime, with the disease blamed on moral and material failings in the Republican zone and on 'proletarian grime' in Madrid.⁹⁴ In a similar way, tuberculosis control was used by both governments, and by many other authoritarian regimes across Europe, as a means of controlling working-class communities and of reinforcing political discourses around race and social hygiene. In Nazi Germany the idea of the 'malicious' TB patient endangering the wider population by refusing treatment was used to justify forced hospitalisation, and the right of tuberculosis patients to get married was also restricted to help prevent the dissemination of their 'inferior genotype'.⁹⁵ Anti-tuberculosis campaigns in Spain after the Civil War combined disease control with political indoctrination, focusing on changing the malignant habits of the poor.⁹⁶ These overlapping approaches to disease control meant that a set of shared assumptions underlay discussions between Spanish and German experts, who were both comfortable with the idea that, when it came to the control of infectious diseases, the needs of *Volk* or *Raza* trumped individual or civil rights.⁹⁷ When Leonardi Conti told the international tuberculosis conference that no other disease was so associated 'with the health and the social life of . . . the State', that public health experts were 'generals' in the 'battle' against the disease, and that the medical officials working under them were the 'weapons with which we penetrate our sick family communities', his language would not have appeared strange or unfamiliar to the Spanish delegates.⁹⁸

Spanish experts were also able to view themselves as part of a new era of public health which encompassed the 'totalitarian' European states, enabling them to overlook the ideological and political differences between themselves and their German counterparts. This was facilitated by the Francoist language of 'social medicine', a loosely-defined concept which held that the significance of the sick individual lay in his or her relationship to the social body and to the strength and productivity of the nation, and that the state therefore needed to find a new way

⁹³ Weindling, *Epidemics and Genocide*.

⁹⁴ Isabel Jiménez Lucena, *El tifus en la Málaga de la postguerra: un estudio historicomédico en torno a una enfermedad colectiva* (Málaga: Universidad de Málaga, 1990); Jiménez Lucena, 'El tifus exantemático'.

⁹⁵ Syvelyn Hähner-Rombach, 'The Construction of the 'Anti-Social TB-Patient' in the Interwar Years in Germany and the Consequences for the Patients', in Iris Borowy and Wolf D. Gruner (eds.), *Facing Illness in Troubled Times* (Berlin: Peter Lang Verlag, 2005), 345-64.

⁹⁶ Molero-Mesa, 'Health and Public Policy'.

⁹⁷ Examples of these shared assumptions can be seen in the articles by Primitivo de la Quintana and Pedro Laín Entralgo, discussed in the paragraph below.

⁹⁸ 'La fondazione dell'Associazione Internazionale contro la Tubercolosi', *Lotta Contro La Tubercuolosi*, anno XIII, 3 (1942), 250.

to manage the nation's health on a collective basis.⁹⁹ The Spanish experts most closely involved with Nazi Germany were at the forefront of this new thinking about the state's role in health and medicine. In February 1942, shortly after returning from separate trips to Germany, both Primitivo de la Quintana and Pedro Laín Entralgo published articles on medicine and the state in a special issue of the newspaper *Sí*, which shed light on these shared beliefs.¹⁰⁰ The articles were remarkably similar, both recounting the history of the relationship between medicine and the state from Ancient Greece to the present day and presenting the increasingly close ties between the two as the inevitable outcome of political, social and scientific progress. Both emphasised the fact that Spanish medicine was entering a new era in which the care of the sick individual was not only valuable in and of itself but also, in the words of Quintana, 'for the threat to the collective that he represents',¹⁰¹ what Laín called the 'imperious necessity to attend sufficiently to the multitude'.¹⁰² The focus on collective, state-led medical systems was not, of course, the sole preserve of the Axis states and their allies, and the practice of medicine and public health in Nazi-occupied Europe bore little resemblance to the utopian language of progressive interwar 'social medicine'. Spanish experts, however, were able to maintain the idea that they formed part of common endeavour shared by what Laín referred to as 'the totalitarian states', united by the need to resolve the damaging legacy of the pre-war democracies and to forge a new era of medicine and public health.¹⁰³

The idea that Europe's 'totalitarian' states represented the future of collective health care was reflected in the research carried out for Spain's new health insurance scheme, the SOE, during the early years of the war. Plans for a new health insurance system, originally drawn up under the Second Republic, were revived after the Civil War by the first Francoist government, which saw social policy and social insurance as a means of legitimising the new regime, particularly among the working-class populations the scheme would target.¹⁰⁴ From the very beginning the SOE was the site of both cooperation and conflict between the regime's various factions,

⁹⁹ Isabel Jiménez Lucena, 'Medicina social, racismo y discurso de la desigualdad en el primer franquismo', in Rafael Huertas and Carmen Ortiz (eds.), *Ciencia y fascismo* (Madrid: Doce Calles, 1998), 111-27; José Martínez-Pérez and Mercedes Del Cura, 'Bolstering the Greatness of the Homeland: Productivity, Disability and Medicine in Franco's Spain, 1938-1966', *Social History of Medicine*, 28 (2015), 805-24. Francoist 'social medicine' should not be confused with pre-war liberal movement of the same name. Despite its rhetoric, Francoist public health largely abandoned the focus on the social dimensions of health policy which had characterised the Republican era. See Pedro Marset Campos, José Miguel Sáez Gómez and Fernando Martínez Navarro, 'La salud pública durante el franquismo', *Dynamis*, 15 (1995), 211-50; Rodríguez Ocaña, *Salud pública*, 89-111.

¹⁰⁰ *Sí* was a weekly supplement of the newspaper *Arriba*.

¹⁰¹ Primitivo de Quintana 'Medicina y Estado', *Sí*, 1 Feb 1942, 11.

¹⁰² Laín Entralgo, 'Medicina y Política', *Sí*, 1 Feb 1942, 3.

¹⁰³ *Ibid.*

¹⁰⁴ Campos, Gómez and Navarro, 'La salud pública durante el franquismo'; Margarita Vilar-Rodríguez and Jerònia Pons-Pons, 'The Introduction of Sickness Insurance in Spain in the First Decades of the Franco Dictatorship (1939-1962)', *Social History of Medicine*, 26 (2012), 267-87.

particularly between the Falange and figures within the Department of Health and the National Welfare Institute (*Instituto Nacional de Previsión*; INP), which was responsible for drawing up the proposals. The INP had traditionally been dominated by sociologists and economists from Spain's centre-right and social Catholic traditions, but its position within the Ministry of Labour meant that it fell under the sway of the Falange with the appointment of the prominent Falangist Girón de Velasco as Minister in May 1941. Preparations for the new insurance scheme began in July of that year, and the planning committees consisted of a mixture of social Catholics, technocrats and Falangists, the latter intent on ensuring the new system would fall under their control.¹⁰⁵

Despite these tensions, the various groups were united in looking towards the 'New Europe' for inspiration. In 1941 the INP published a detailed study on the social insurance schemes in the 'totalitarian states', focusing on Germany, Italy, Portugal and Romania, with a particular emphasis on the design of health insurance systems.¹⁰⁶ Social security in these states, according to the study, was fundamentally different from that developed in liberal regimes. Ignoring the extensive planning for post-war welfare reform being carried out by the Allies, it argued that the focus on collective and family welfare which lay at the heart of the 'totalitarian theory' of social security had 'come to fill a void and resolve a problem which has never, until now, been solved'.¹⁰⁷ The conviction that the model for Spain's welfare system came from within the 'New Europe' was reflected in the practical research into health insurance systems in Germany, Italy and occupied Europe which the INP organised during the war, and which involved both Falangist and conservative experts. Amongst them was Primitivo de la Quintana, who had been a member of the INP's governing body since 1939, and who was the Department of Health's representative on the SOE preparatory committee from 1941. In this role he was able to combine his Department of Health trip to Germany in 1941 with an INP study group sent to investigate the design of social security and medical insurance provision in Germany, Italy and occupied Czechoslovakia.¹⁰⁸ This visit was followed in 1943 by a further study group sent to central Europe by the INP led by the Falangist Secretary General of Ex-Combatants Sebastián Criado del Rey, which looked in particular at the administration of health insurance programmes, including the Sickness Fund of the German firm Siemens and

¹⁰⁵ Arturo Álvarez Rosete, *Social Welfare Policies in Non-Democratic Regimes: The Development of Social Insurance Schemes in Franco's Spain, 1936-50* (Ph.D thesis: University of Nottingham, 2003).

¹⁰⁶ Pedro Arnaldos Gimeno, *Los seguros sociales en los estados totalitarios* (Madrid: Publicaciones del Instituto Nacional de Previsión, 1941).

¹⁰⁷ *Ibid.*, 351.

¹⁰⁸ Quintana López, *Sociedad*, 201-08.

welfare institutions in Prague and Budapest.¹⁰⁹ This focus on 'totalitarian' social insurance systems lasted until the military tide had clearly turned against Nazi Germany, after which the social Catholics within the INP began to regain some control from the Falange, and the emphasis shifted to the United States and United Kingdom, in particular to the model provided by the Beveridge report.¹¹⁰

Mutual Self-Interest and German Hegemony

Whether real or perceived, the shared visions and ideals which united Spanish and German experts were underpinned by a mutual self-interest but undermined by Germany's hegemonic position and the tensions which stemmed from it. Acting 'internationally' during the early years of the war provided clear practical, professional and political benefits for experts on both sides. For officials in the Spanish Department of Health, good relations with Nazi authorities were necessary to help secure vital supplies during a period of global shortages in which Germany dominated European distribution networks. José Palanca, for example, used his links with German officials to purchase pharmaceutical products on a number of occasions during the war.¹¹¹ Many Spanish experts, however, were primarily motivated by the traditional prestige of German science and medicine and by their personal experiences of studying or working in the country prior to 1936. Germany had long been regarded by Spanish students and researchers as the centre of European science and medicine, and had been the preferred destination for Spanish scholarship holders across the scientific disciplines prior to the Civil War.¹¹² Many Spanish doctors and public health experts who cooperated with the Third Reich, including Primitivo de la Quintana, had spent time studying in Germany during the 1920s and early 1930s and had maintained links with German colleagues.¹¹³ The reputation of German science and medicine meant that some Spanish experts valued the opportunity to work with German colleagues regardless of the political circumstances

As a result, Spanish medical and educational institutions actively sought to foster academic exchanges with Nazi Germany during the war, particularly the faculty of medicine at the

¹⁰⁹ *Anuario del Instituto Nacional de Previsión, 1943* (Madrid: Instituto Nacional de Previsión, 1944), 86–118.

¹¹⁰ Arturo Álvarez Rosete, '¡Bienvenido, Mister Beveridge! El viaje de William Beveridge a España y la previsión social franquista', *International Journal of Iberian Studies*, 17 (2004), 105–16.

¹¹¹ 'El director general de Sanidad ha regresado de su viaje a Italia y Alemania', *La Vanguardia*, 16 Dec 1941, 8; Palanca, *Medio siglo*, 206–20.

¹¹² Rebok (ed.), *Traspasar fronteras*; Sandra Rebok, 'Las primeras instituciones científicas alemanas en España: los comienzos de la cooperación institucional en los albores del siglo XX', *Arbor*, 187 (2011), 169–82.

¹¹³ Quintana López, *Sociedad*, 201–08.

University of Madrid. Its location and prestige meant that it was able to use its relationship with the German embassy and the AHG to maintain links with German universities and experts. From 1940 the embassy began to provide the faculty with German scientific journals, organise visits from German scholars and arrange for some faculty members to study in Berlin.¹¹⁴ These contacts were facilitated by the dean of the faculty, Fernando Enríquez de Salamanca, who undertook a lecture tour to Germany in July 1942 organised by the DIAA and the German Academic Exchange Service.¹¹⁵ The university also sent students to study in Germany throughout the war. After being disrupted by the Civil War, scholarships began to be granted again from 1938 by both the Spanish and German governments, with the *Revista de Sanidad e Higiene Pública* advertising courses in Germany organised by the Reich Medical Association across a range of specialisms in the summer of 1939.¹¹⁶ Numbers remained relatively low until 1941 due to Spain's failure to ratify the cultural agreement with Germany, but after 1941 scholarships were provided by and administered through a range of organisations including the Alexander Humboldt Foundation, the Reich Medical Association, and the Spanish Ministries of Education and Foreign Affairs. The majority of those who travelled to Germany were students at a relatively early stage of their careers, although some were established doctors aiming to carry out research of more advanced levels of technical development.¹¹⁷

Despite the financial and material shortages caused by the war, various German institutions continued to provide generous financial support to facilitate these exchanges. While they were in Germany, Spanish students and researchers received financial support from the Reich Medical Association, the DIAA and, above all, the DSG. Within the DSG this work was led by Edith Faupel, wife of the former ambassador Wilhelm Faupel, who corresponded extensively with Spanish doctors. Although not providing full scholarships directly, the DSG liaised with the Reich Medical Association and other bodies in regards to scholarship applications and payments, and had a welfare fund which awarded grants of 150-300 Reichmarks to students in financial need. Students were placed in hospitals and universities throughout the Reich, with the most popular areas being Berlin, Vienna and Breslau. The Breslau connection arose primarily due to a grant of 10,000 Reichsmarks donated by the hispanist and businessman Siegfried Goosens in October 1942 specifically for Spanish doctors who wished to undertake

¹¹⁴ Carolina Rodríguez López, 'La Universidad de Madrid como escenario de las relaciones hispano-alemanas en el primer franquismo (1939-1951)', *Ayer*, 69 (2008), 101-28 110-14.

¹¹⁵ GStA, DIAA, 218 A, 18, DIAA to Deutschen Akademischen Austauschdienst, 14 Jul 1942.

¹¹⁶ *Revista de Sanidad e Higiene Pública*, 6 (1939), 540

¹¹⁷ BArch, DSG, R 64-1, 27; Rodríguez López, 'La Universidad de Madrid'. Amongst the latter group was Vicente Sanchis Olmos, Head of the Orthopaedic and Traumatology Service at the Red Cross Hospital in Madrid who would go on to be the first president of the Spanish Rehabilitation and Physical Medicine Society and to carry out internationally-recognised research into polio after the war.

study or research in the city.¹¹⁸ The money was administered by Faupel at the DSG, who worked with the Reich Medical Association to organise placements for students.

As well as forming part of Nazi cultural diplomacy during the period, medical ties with Spain and the other Axis powers were also used to help meet Germany's military and economic needs during the war. The international tuberculosis conference, for example, was accompanied by a meeting between José Palanca, Leonardo Conti and the public health ministers of Italy and Hungary, in which Conti sealed agreements regarding Italian treatment of wounded and sick German soldiers and Spanish purchase of German pharmaceutical supplies.¹¹⁹ At the end of the following year the German government was able to use its strong relationship with the Spanish Department of Health to reach an agreement providing for Spanish doctors to work in German hospitals. As the war developed Germany had begun to face a serious shortage of doctors in civilian hospitals. Franco's government had already begun to send workers to help cover labour shortages in the Reich under the Interministerial Commission for the Dispatch of Workers to Germany (*Comisión Interministerial para el Envío de Trabajadores a Alemania*; CIPETA) programme, and in October 1942 the Reich Labour Ministry approached CIPETA about incorporating doctors into the scheme.¹²⁰ At least twelve Spanish doctors left for Germany in 1943, with a further forty departing in 1944, the last in July. They represented a wide range of specialisations and were sent to work at locations across the Reich.¹²¹ The Spanish Department of Health justified its agreement partly on the grounds of the professional opportunities the scheme would provide for those involved, but at a time of high mortality and morbidity rates in the aftermath of the Civil War, when the country was facing a shortage of qualified personnel following the death, persecution or exile of large parts of the Spanish medical profession, the decision clearly prioritised relations with Germany over the interests of the Spanish health system.¹²² From a German perspective it could not have been achieved without the close ties already developed with leading Spanish health experts.

Germany's rapid military successes at the start of the Second World War also provided an opportunity for the German medical profession to achieve its long-held dream of replacing France as the centre of European health and medicine, something that was reflected in the prominent involvement of professional groups such as the Reich Medical Association in

¹¹⁸ BArch, DSG, R 64-1, 40, Faupel to Goossens, 23 Oct 1942.

¹¹⁹ Palanca, *Medio siglo*, 219-20.

¹²⁰ AGA, (14)1.15 74/16260, Olay to Palanca, 8 Oct 1942. For background on the CIPETA scheme, see José Luis Rodríguez Jiménez, *Los esclavos españoles de Hitler* (Barcelona: Planeta, 2002).

¹²¹ AGA (14)1.15 74/16254 and 16255.

¹²² AGA, (14)1.15 74/16260, Olay to Palanca, 8 Oct 1942.

international health initiatives during the war.¹²³ At the same time, Germany's political hegemony and the obvious dominance of the German medical profession meant that the new forms of international health they attempted to create were fundamentally different from those which had existed prior to the war. Rather than creating a genuine international *network*, in which ideas and individuals could move in different directions between more or less equal nodes independently of the control of one group or organisation, the form of international health that developed in the early years of the war looked much more like a web, with international links radiating out from Germany but little genuine international cooperation independent of it. In the case of Spain, this was reflected in the centrality of relations with Nazi Germany, at least up until 1942. Despite their shared religious faith and Catholic-inspired distrust of Nazi eugenics, for example, Spanish medical and public health links with Italy remained more limited than those with Germany throughout the war.¹²⁴ The language and forms of pre-war international health that were used by Nazi Germany after 1939 masked a very different vision of what the 'international' should be, a vision in which the strict political hierarchies of the 'New Europe' would be reflected in the unquestioned dominance of German goals and interests.

More than the pernicious effects of Nazi occupation on health and welfare across occupied Europe or the ideological differences between the two regimes, it was this overt German hegemony and the subordinate role of Spain, both real and perceived, which caused the most tension between Spanish and German experts. Outside of the field of medicine, the poor treatment of Spanish volunteers and the perception that, although formally valued allies, they were openly treated as cultural and racial inferiors by the German authorities, was a constant complaint of the Spanish workers sent to Germany.¹²⁵ Although few similar complaints by Spanish medical professionals were made publicly at the time, and claims in later memoirs must be treated with caution, contemporary records suggest they faced similar issues. Medical officers in the Blue Division, for example, constantly complained about disrespectful treatment by German soldiers.¹²⁶ The many Spanish doctors and medical students who wrote to Edith Faupel at the DSG often did so to request money, suggesting that many doctors and students were living in straitened financial circumstances. In September 1943 a Spanish doctor wrote to Faupel following a visit to Hungary and commented favourably that there 'it is a great thing to be Spanish', prompting a vituperative reply from Faupel denouncing the Hungarians as 'shameful wretches' who avoided all sacrifices in the fight for Europe. 'It seems to me that

¹²³ Weindling, *Epidemics and Genocide*, 246.

¹²⁴ Delgado Gómez-Escalonilla, *Imperio de papel*, 208-09.

¹²⁵ Marició Janué i Miret, 'Woe Betide Us If They Win!': National Socialist Treatment of the Spanish 'Volunteer' Workers', *Contemporary European History*, 23 (2014), 329-57.

¹²⁶ Tensions between Blue Division volunteers and German troops are discussed in chapter two.

Germany has given you plenty of evidence that it loves and values the Spanish', she chided the unfortunate doctor, 'and I'm very sorry that you don't see it that way.'¹²⁷ The correspondence suggests that in some cases, Spanish doctors did not feel that they were sufficiently valued in Germany and that their positions as Spaniards in German society did not reflect the appreciation they felt they merited. Laín Entralgo later summed up the feeling shared by many Spanish experts with direct experience of the Third Reich. 'As a southerner and Mediterranean', he wrote, 'I knew at the end of the day that the Nazis despised me'.¹²⁸

Conclusion

The new forms of international health which briefly emerged within Nazi-dominated wartime Europe had little practical or scientific impact, and were unavoidably anchored in Nazi efforts to reshape Europe according to its own interests and ideology. Examining them within the wider history of twentieth century internationalism is not to suggest that this context was in any way peripheral, or that there was any ideological affinity between the liberal internationalism of the pre-war era and the Nazi 'New Order'. What it does do, however, is highlight entanglements and parallels between the two phenomena, not least from the perspective of many of the actors involved. It also illustrates how the habits of acting and thinking 'internationally' which had been embedded through the growth of international organisations and networks prior to the war, served to underpin support for the idea of a reformed and reformulated international system under Nazi leadership.

The idea of the 'New Europe' as a new international system, an authoritarian reimagination of interwar internationalism, provides a new perspective on Spain's wartime relationship with Nazi Germany. The traditional historiographical focus on the relatively small number of pro-Nazi Falangists or on the complex diplomatic relations between the two countries suggests that support for the Axis cause was somehow equivocal or was limited to a marginal section of Francoist society. In reality, however, Francoist elites saw the Second World War not in terms of their degree of personal ideological affinity with National Socialism, but as a conflict between the modern, 'totalitarian' states, of which Franco's Spain formed a part, and the weak and discredited European parliamentary regimes, later joined by their Soviet ally. This perspective was heavily influenced by the experience of the Civil War, which had required individuals to choose between rebel forces aligned with the 'totalitarian' powers, and a Republican government, eventually supported by the Soviet Union, which many on the Spanish

¹²⁷ BArch, DSG, R 64-I, 40, Faupel to Andres Amado, 17 Sept 1943.

¹²⁸ Laín Entralgo, *Descargo*, 295.

right associated with the threat of violence, anarchy and international communism. Until it became clear that Nazi Germany was likely to lose the war, the vast majority of those who supported the Franco regime accepted, and in many cases actively supported, the idea of a 'totalitarian' international future within a Nazi-dominated Europe. It is this attitude which explains, for example, the willingness of a large swathe of Francoist elites to join Hispano-German friendship associations during the early years of the Second World War.

The forms of 'Axis internationalism' promoted by Nazi Germany helped to buttress the idea of the 'New Europe' as a new and more effective version of the pre-war international system. By promoting cultural cooperation they could draw on the traditional prestige of German culture amongst European elites, and on pre-existing networks of German cultural diplomacy. By pursuing cooperation in scientific fields such as health and medicine, they could exploit the idea of international health as a field of 'technical' cooperation. Since the nineteenth century experts had conceptualised international health as a purely scientific and technical endeavour, where international cooperation was a necessary response to an increasingly globalised world in which diseases passed easily over national borders and health conditions in one country were so obviously dependent on those of its neighbours. When Leonardo Conti told the delegates at the tuberculosis conference in Berlin that international cooperation was particularly important in times of war because of the epidemiological risks posed by the mass movement of people, his argument was designed to appeal to those experts who saw their decision to work with Nazi authorities as a 'technical' as much as a political one.

Rather than representing a brief authoritarian interlude in the progressive history of twentieth century international health, destined to fail and rightfully forgotten, this 'Axis internationalism' highlights the flexibility of a particular group of experts willing to adapt to a new vision of public health and to a new political reality within the Nazi 'New Order' during the first half of the war. Many of those who cooperated willingly but unenthusiastically with Nazi Germany in 1941 in order to further their professional and national interests had adopted a similar approach to the LNHO in the 1930 and would do the same again with the WHO in the 1950s. More significant than the relatively limited number of pro-Nazi collaborators, these experts formed part of a much wider group of elites from across the European right, who, in the words of Walter Lipgens, 'approved of Nazi doctrines in some though not all respects and, in view of what seemed the finality of Hitler's rule over the continent, were prepared to collaborate sincerely with the Nazis in order to ensure for their own nation a position of importance in the "New Order"'.¹²⁹ It was this attitude which drove such a wide range of

¹²⁹ Walter Lipgens (ed.), *Documents on the History of European Integration, Volume 1: Continental Plans for European Union, 1939-1945* (Berlin: Walter de Gruyter, 1984).

Francoist health and welfare experts to cooperate with Nazi Germany, motivated by their professional commitment to international cooperation, a belief that the 'totalitarian' states stood at the vanguard of the modern era, and a desire to establish Spain as a leading power within the new international system which they saw emerging around them. In 1941, 'Axis internationalism' represented the future of international cooperation for experts from across Europe, no less legitimate than the liberal international organisations which had gone before.

Chapter Two

Fascist Cosmopolitans, Military Internationalists: The Blue Division and Francoist Military Medicine

The German-led war against the Soviet Union which began in 1941 involved one of the largest multinational military forces in world history. Over the following four years over four million non-German troops would take part in the conflict on the German side, at their peak representing a third of the total fighting force.¹ As well as regular units from the states formally allied to Nazi Germany they included volunteers from almost every European country, in addition to some from outside of Europe. Joining this multinational coalition were the 47,000 Spanish volunteers fighting in the so-called 'Blue Division', including hundreds of medical officers, surgeons, nurses and health auxiliaries working with the Division's medical corps. The Eastern Front represented a remarkably international environment for the Spanish volunteers, most of whom were leaving Spain for the first time in their lives. Their journey to the front took them through France, Germany, Poland and the Baltic states, often travelling on foot, and bringing them into contact with local military and civilian populations. At the front itself they fought alongside their German comrades and lived among Russian civilians, while in rear areas they came into contact with troops and civilians from across the continent. The cause they were fighting for was, nominally, a European one, defending European civilization against the forces of Bolshevism. If the 'New Europe' existed anywhere, it existed among this international melting pot of soldiers, volunteers and civilians brought together on the eastern fringes of Nazi-occupied Europe.

Within the Division, it was the medical corps which was required to engage most closely with this international environment. Not only were hospitals and medical services dependent on German supplies and liaison officers, but many hospitals and medical posts were staffed by

¹ Rolf-Dieter Müller, *The Unknown Eastern Front: The Wehrmacht and Hitler's Foreign Soldiers* (New York: I.B. Tauris, 2012). There is an extensive body of literature concerning the foreign troops who fought alongside Germany on the Eastern Front, mostly focussed on individual national forces and western volunteers in the Waffen SS. Recent examples include Bruno de Wever, 'Rebellen an der Ostfront: Die Flämischen Freiwilligen der Legion "Flandern" und der Waffen-SS', *Vierteljahrshefte für Zeitgeschichte*, 39 (1991), 589-610; Peter Scharff Smith, Niels Bo Poulsen and Claus Bundgård Christensen, 'The Danish Volunteers in the Waffen SS and German Warfare at the Eastern Front', *Contemporary European History*, 8 (1999), 73-96; Kenneth Estes, 'A European Anabasis: Western European Volunteers in the German Army and SS, 1940-1945' (Gutenberg-e: Columbia University Press, 2003); Jean-Luc Leleu, 'From the Nazi Party's Shock Troop to the "European" Mass Army: The Waffen-SS Volunteers', in Christine G. Krüger and Sonja Levsen (eds.), *War Volunteering in Modern Times: From the French Revolution to the Second World War* (Basingstoke: Palgrave Macmillan, 2011), 231-47; Martin Gutman, 'Debunking the Myth of the Volunteers: Transnational Volunteering in the Nazi Waffen-SS Officer Corps during the Second World War', *Contemporary European History*, 22 (2013), 585-607.

mixed Spanish and German teams. A number of Spanish doctors and nurses spent time working in German military hospitals. Spanish hospitals employed Polish, Estonian, Lithuanian, Russian and Jewish staff, and treated troops and civilians from a range of different countries. It was through these medical services that rank-and-file troops also came into closest contact with the realities of the 'New Europe'. As patients, they were treated by the multinational staff in Spanish hospitals, and often received care within the German medical system. At the rear hospitals in Berlin, Königsberg, Riga and Vilnius, they lived and socialised alongside soldiers from across Europe, witnessed Nazi Germany and its territories at first hand, and experienced the strange cosmopolitanism of the occupied Baltic towns.

How did the Blue Division's troops respond to this international environment, falangist volunteers and military officers supposedly fighting for a shared European identity? This chapter explores the lived experience of the 'New Europe' through the Blue Division's medical services. As with the civilian Spanish experts who travelled to Nazi Germany during the war, many of the Division's medics responded enthusiastically to the international environment of the Eastern Front, embracing the chance to work with colleagues from Germany and other European countries, and valuing the opportunity to practice and develop their professional skills within an international setting. The Division's sick and wounded troops also appreciated the care they received from German doctors and nurses, and revelled in the cosmopolitan environment of the towns in the rear where Spanish hospitals were located. The more ideologically-committed falangist volunteers used their time in the Division's hospitals to learn about life in Nazi-occupied Europe and to develop their understanding of and relationship with their Nazi counterparts.

However, conflict with German authorities was widespread at all levels due mainly to the inconsistencies, both real and perceived, between the position of the Blue Division as an equal and valued ally in the European struggle against communism, and German perceptions of Spanish military, cultural and racial inferiority. Spanish troops were also conscious of the violence which underpinned their relationship with civilians in occupied Europe. The response of many in the Division was to emphasise the supposed uniqueness of the Spanish national character and the significance of national cultural differences, a nationalist retreat in the face of an international reality. These diverse responses reflected the contradiction at the heart of the Blue Division's mission, and of the 'New Europe' more generally. The language of European cooperation and solidarity which underpinned both was never wholeheartedly embraced beyond a small minority of idealistic European fascists. The majority of those fighting on the Eastern Front or supporting radical nationalist regimes across Europe continued to see

themselves first and foremost as part of a national struggle, regarding the 'New Europe' as at best an irrelevance, and at worst a threat to national autonomy and prestige.

However, health services in the Blue Division were not just another manifestation of the 'Axis internationalism' discussed in the previous chapter. Instead, this chapter argues that they were part of a much wider pattern of military medical internationalism pursued by Francoist medical officers, and that military medicine played an important role in the engagement of Franco's Spain with the outside world. In many ways, health experts linked to the Spanish armed forces were more internationally active than their civilian counterparts during the Franco era, serving as far afield as the Soviet Union, Africa and Vietnam, and participating in both civilian and military forms of international health. This partly reflected the militarisation of the Spanish medical profession during the period. During the first three decades of the twentieth century there had been considerable overlap between the Spanish military health corps and the public health system.² With the arrival of the Civil War, vast swathes of the Spanish medical and public health profession were incorporated into military health services on both sides of the conflict, and the majority of leading public health figures in the early Franco era had served in the medical corps of the rebel forces during the conflict. The same patterns applied to other areas of the Spanish medical profession, particularly surgery, psychiatry and nursing, where the lines between civilian and military careers were often blurred. The forms of international cooperation pursued by civilian health experts, therefore, naturally influenced the military medical profession.

It also reflected that fact that, by the middle of the twentieth century, military health had become a profoundly international profession, both in Spain and the rest of the world. Military medicine had always involved working across borders, most obviously in the need for military doctors to treat soldiers on foreign campaigns. It played an important role in the development of European overseas empires during the nineteenth century, and in the case of Spain would continue to do so in the Moroccan Protectorate after 1912.³ Important elements of modern global health can be traced back to the field of tropical medicine, which originally emerged to

² Pedro Marset Campos, José Miguel Sáez Gómez and Fernando Martínez Navarro, 'La salud pública durante el franquismo', *Dynamis*, 15 (1995), 211-50; Jorge Molero Mesa and Isabel Jiménez Lucena, 'Salud y burocracia en España: los cuerpos de Sanidad Nacional (1855-1951)', *Revista Española de Salud Pública*, 74 (2000), 63-71; Nicholas Coni, *Medicine and Warfare: Spain, 1936-1939* (London: Routledge, 2008).

³ David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (Berkeley: University of California Press, 1993); Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859-1914* (Cambridge: Cambridge University Press, 1994); Michael A. Osborne and Richard F. Fogarty, 'Views from the Periphery: Discourses of Race and Place in French Military Medicine', *History and Philosophy of the Life Sciences*, 25 (2003), 363-89.

protect the health of European soldiers in overseas colonies.⁴ Military doctors and surgeons were also involved in the development of modern humanitarianism through their role in the creation of the organisations such as the Red Cross.⁵ In addition to these developments, the military medical profession itself underwent a process of internationalisation during the first half of the century which paralleled that of civilian medical professions. The unique form of internationalism these networks represented appealed to medical officers raised in the nationalistic traditions of the Spanish armed forces. Combining military cultures and traditions with the idealism of universal science and humanitarian action, they provided a structure for Francoist medical officers to engage in international cooperation free from the political challenges posed by liberal international organisations and networks.

This chapter examines what it meant for Spanish military medical experts to think and act internationally. The first section explores the international experiences of the Blue Division troops through the prism of the Division's medical services, using it as a case study both of the 'Axis internationalism' discussed in the previous chapter, and of Spanish military medical internationalism more generally. Drawing on the archives of the Blue Division and the extensive memoir literature produced by volunteers and veterans,⁶ it argues that some of the Division's troops embraced the Axis solidarity, European cosmopolitanism and professional camaraderie of the Eastern Front, but that the majority reacted against their subordinate position within the Axis coalition and their perceptions of the cultural differences which divided Spanish volunteers from their German and European allies. The second section explores the history of international military medicine in Franco's Spain through three medical experts involved with the Blue Division: Mariano Gómez Ulla, Mercedes Milá and Alberto Blanco. Their service overseas, their work within civilian and military international health networks, and their involvement in forms of military humanitarianism, reflected both the significance of the armed forces within the wider Spanish health system and the intensive international engagement which Francoist medical officers were involved in. For the Franco

⁴ François Delaporte, *The History of Yellow Fever: An Essay on the Birth of Tropical Medicine* (Cambridge, Mass.: MIT Press, 1991); Deborah J. Neill, *Networks in Tropical Medicine: Internationalism, Colonialism and the Rise of a Medical Speciality, 1890-1930* (Stanford: Stanford University Press, 2012).

⁵ John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Oxford: Westview, 1996).

⁶ More than 130 Blue Division veterans published memoirs of their experiences between 1942 and 2004. Although they represent an important historical resource, they have had a problematic impact on the historiography of the Blue Division. Many of those published after the war aimed to distance the Division from the Nazi cause, promoting an image of a benign force of brave soldiers who formed good relations with Russian civilians suffering under the Bolshevik yoke, but who were ignorant of the crimes committed by their distant and distrusted German allies. For a discussion of these memoirs and the 'Divisional tale' they promote, see Xosé M. Núñez Seixas, 'Los vencedores vencidos: la peculiar memoria de la División Azul, 1945-2005', *Pasado y Memoria, Revista de Historia Contemporánea*, 4 (2005), 83-113.

regime, military medicine represented an unthreatening form of international cooperation, a military alternative to civilian humanitarianism and international health.

Experiencing the 'New Europe': Military Medicine in the Blue Division

The launch of Operation Barbarossa on 21 June 1941 was met with widespread enthusiasm in Spain, with demonstrations calling for the dispatch of Spanish forces held across the country over the following weeks. The Falange was the most active group calling for Spanish participation, liberated from the complications which the Nazi-Soviet Pact had posed to their pro-German stance, but the idea received support from across the Francoist political spectrum. Franco, although still refusing to formally join the Axis war effort in the absence of German economic and territorial concessions, quickly agreed to dispatch the volunteer 'Blue Division' to the Eastern Front.⁷ Although many in the Falange had hoped the force would fall entirely under their control, the large number of falangist leaders, students and activists who initially signed up were joined by volunteers from the armed forces and the Foreign Legion, and were placed under the command of experienced army officers led by General Agustín Muñoz Grandes. An agreement reached with Germany at the start of July stipulated that the Division, like all non-Germanic units, would be incorporated into the Wehrmacht which would provide all necessary funding and equipment, although direct command and military discipline would remain under Spanish control.

The first units of volunteers, numbering approximately 18,000, began to leave Spain in mid-July. By the end of the month they had arrived in the Bavarian town of Grafenwöhr where they received basic training, including in the use of equipment and weapons supplied by Germany, and swore the oath of allegiance to Hitler which formalised the Division's incorporation into the Wehrmacht. On 20 October the Division left for the Eastern Front, travelling on foot for large parts of the journey through occupied Poland, Lithuania and Estonia. Its first deployment was on the River Volkhov near the city of Novgorod, around 150km south of Leningrad. This was one of the more stable sections of the Eastern Front, although Spanish troops faced a Soviet offensive which succeeded in crossing the Volkhov in February 1942, and in March were involved in the annihilation of encircled Soviet troops in the Volkhov pocket. New battalions began to arrive to replace the first cohort of troops in April, and in September the Division was

⁷ Key works on the Blue Division include Gerald K. Kleinfeld and Lewis A. Tambs, *Hitler's Spanish Legion: The Blue Division in Russia* (Carbondale: Southern Illinois University Press, 1979); Xavier Moreno Juliá, *La División Azul: sangre española en Rusia, 1941-1945* (Barcelona: Crítica, 2004); José Luis Rodríguez Jiménez, *De héroes e indeseables: la División Azul* (Madrid: Espasa, 2007); Xosé M. Núñez Seixas, *Camarada invierno: experiencia y memoria de la División Azul, 1941-1945* (Madrid: Crítica, 2016). The information in the following two paragraphs is largely taken from these works.

redeployed to the siege of Leningrad. The German offensive in the region, originally planned for October, was eventually called off, but the Division was involved in serious fighting in January 1943 south of Lake Ladoga. In February it was involved in its largest single battle at Krasny Bor, which saw over 3000 Spanish troops killed or wounded. The combination of high losses and pressure from the US prompted the Spanish government to withdraw the Division in July, leaving a much smaller volunteer contingent known as the Blue Legion. This group would finally be withdrawn at the start of 1944, although a small number of Spanish volunteers continued fighting alongside German troops until the end of the war. In total over 47,000 troops fought with the Division, with approximately 4200 casualties and 500 troops taken prisoner, of whom those that survived would not all return to Spain until 1954.⁸

The Division's Military Health Group was originally made up of over 500 personnel divided into two companies, with approximately thirty officers and seventy NCOs.⁹ The first Spanish hospitals were established in October 1941 around the city of Novgorod close to the front line, with the Division's medical command post established in the nearby village of Grigorowo. Although a series of front-line medical stations were supported by an evacuation hospital in Porkhov and a small convalescent hospital in Berlin, during the initial months of fighting injured Spanish troops were evacuated by German hospital trains and were generally cared for in German campaign hospitals. From the end of 1941 the Division established a network of dedicated Spanish hospitals in the rear, with new facilities opening in Riga and Vilnius. The Berlin hospital remained open, but a much larger facility was also established in Königsberg, as well as a new convalescent hospital in the Bavarian town of Hof. These facilities were largely, although not solely, staffed by Spanish personnel, and provided over 2000 beds.¹⁰ The Inspectorate of Spanish Military Hospitals established an office in Berlin to coordinate their work. These facilities would remain operational for the duration of the Division's deployment, although the front line hospitals were moved when the Division was re-deployed to the Leningrad front. After its withdrawal in 1943 the majority of medical personnel were recalled and the hospitals turned over the German authorities, although the Blue Legion retained a medical corps numbering close to 100.¹¹

⁸ Xosé M. Núñez Seixas, "'Russland war nicht schuldig': Die Ostfronterfahrung der spanischen Blauen Division in Selbstzeugnissen und Autobiographien, 1943-2004', in Michael Epkenhans, Stig Förster and Karen Hagemann (eds.), *Militärische Erinnerungskultur: Soldaten im Spiegel von Biographien, Memoiren und Selbstzeugnissen* (Paderborn: Ferdinand Schöningh, 2006).

⁹ Jesús Bescós Torres, 'Misiones de la sanidad militar española en el extranjero: la sanidad militar en la División Azul', *Medicina Militar*, 51 (1995), 184-93. Further information about the Division's health services can be found in Moreno Juliá, *La División Azul: sangre española en Rusia, 1941-1945*, 315-18; Rodríguez Jiménez, *De héroes*, 216-17.

¹⁰ Bescós Torres, 'Misiones de la sanidad militar'.

¹¹ *Ibid.*, 192.

The members of the Division's Military Health Group came from a wide range of backgrounds. Most of its officers were experienced military health personnel, with many having served both in pre-war Morocco and with rebel forces during the Civil War. Many of the younger volunteers from within the armed forces were recent graduates from the Academy of Military Medicine. However, there were also a wider range of volunteers from a civilian background, including surgeons, public health officers and medical students. The Group also included a number of senior falangist volunteers, notably José María Gutiérrez del Castillo, the National Secretary of the Falange's student organisation, the SEU (*Sindicato Español Universitario*), who served in the ambulance section. Agustín Aznar, falangist 'old shirt' and National Delegate for Health, also served in the Division but was attached to an anti-tank unit rather than a medical team, whilst the Falange's National Inspector of Health, Armando Muñoz Calero, served as a surgeon on the front line. The Division's medical services also incorporated volunteer nurses from Spain, drawn from the Falange's Women's Section, the army's Women's Military Health Corps (*Cuerpos de Damas de Sanidad Militar*) and the Spanish Red Cross, including women who had previously served with rebel forces during the Civil War.¹²

In keeping with the Division's incorporation into the Wehrmacht, the Military Health Group was required to work closely with German military medical services to ensure that their systems were compatible and that cooperation functioned smoothly. This process began when the Division first arrived at the training camp in Grafenwöhr in July 1941, where German authorities provided instruction to Spanish military health teams on German evacuation procedures, use of medical equipment, and rules for vaccination and disinfection.¹³ Divisional regulations stipulated that military health personnel should form close ties with their German counterparts to ensure that they were working in accordance with German procedures. A special order was sent from the captain of the Military Health Group to all his officers in March 1942 emphasising the importance of reflecting the 'intimate unity' of the Hispano-German alliance in relations with their German counterparts and of dealing appropriately with any disagreements.¹⁴ Once the Division's medical services were fully established, Spanish hospitals were inspected regularly by German authorities, and German and Spanish officers formed a joint discharge commission to assess the cases of Spanish troops presented for medical discharge. Spanish hospital regulations were amended to reflect German procedures, including

¹² Centro de Documentación de Cruz Roja Española, Madrid (CDCRE), box 657, file 14, Mercedes Milá to Marquesa de Valdeiglesias, 9 December 1941, and Mauel Martínez de Tena to Valdeiglesias, 19 December 1941; Luis Suárez Fernández, *Cronica de la Sección Femenina y su tiempo* (Madrid: Nueva Andadura, 1995), 140-42.

¹³ Bescós Torres, 'Misiones de la sanidad militar'.

¹⁴ *Archivo General Militar, Ávila* (AGM), División Española de Voluntarios (DEV), C.2029,8,3, and C.2023,4,1, circular from the Head of Military Health, 30 March 1942.

rules concerning patient discipline, maintaining cleanliness and order in the hospitals, requests for leave, time of lights out and the use of regulation pyjamas. Spanish hospitals were particularly dependent on German authorities for supplies of medication, which clinical directors had to request from the German Pharmaceutical Corps every month.¹⁵

Below Divisional level, Spanish medical personnel on both the front line and in rear areas worked closely with their German counterparts. During its first months at the front the Division relied on German hospitals until it could establish its own services. Where this caused problems with translation and coordination, Spanish medics were sent to treat Spanish troops in German hospitals, as happened in the front line hospital at Luga in 1942.¹⁶ Some Spanish doctors and nurses also spent time working in German hospitals such as the one in Smolensk, studying Wehrmacht procedures and acclimatising to work in a combat environment. As the conflict progressed and the respective medical services became more intertwined, Spanish medical units on the front line supported German attacks where extra personnel were needed, and sent German troops to be treated in Spanish hospitals. Across the network of hospitals in rear areas, Spanish medics worked hand in hand with their German counterparts. The two main hospitals in Berlin and Riga were staffed by a mix of Spanish and German doctors, with the staff at the Berlin hospital in 1942 made up of thirteen Spaniards (including three nurses) and ten Germans.¹⁷ German specialists were also brought in to treat Spanish troops with specific needs that could not be met by Spanish personnel.¹⁸

The Division was concerned to maintain good relations between Spanish medical personnel and their German colleagues. The monthly reports submitted by Spanish hospital directors and compiled by the Military Health Group contained standard sections on relations with foreign personnel and between wounded Spanish troops and their German counterparts. In general these reports painted a positive picture, and relations between Spanish and German medics were normally portrayed as being strong. The hospital in Riga described its German nurses in November 1942 as 'excellent in all aspects, intelligent, active, orderly and disciplined'.¹⁹ The director of the Königsberg hospital described a 'current of extraordinary camaraderie' between Spanish doctors and their counterparts at the nearby German hospital who frequently organised joint scientific, cultural and social events, and who made their facilities

¹⁵ AGM, DEV, C.3805,C

¹⁶ Bescós Torres, 'Misiones de la sanidad militar', 190.

¹⁷ AGM, DEV, C.1984,14,3

¹⁸ The Blue Division veteran Serafín Pardo Martínez, for example, describes in his memoirs how a German specialist was brought in to the hospital at Königsberg to treat a soldier with an aneurism. Serafín Pardo Martínez, *Un año en la División Azul* (Valladolid: AF Editores, 2005), 192.

¹⁹ AGM, DEV, C.2024,18,5, General Hospital Report, Riga, Dec 1942.

and resources available to each other whenever necessary.²⁰ These positive attitudes were often reciprocated by German health officers. Towards the end of 1941 the German military surgeon, Hans Killian, visited the Spanish field hospital in Grigorowo and spent time with the two Spanish surgeons working there, later describing them as 'cheerful, friendly and helpful', and speaking positively about their experience and their knowledge of modern techniques for treating wounds.²¹

Germans were not the only national group who worked alongside Spanish doctors and treated Spanish troops. Russians, Poles, Latvians, Lithuanians and Jews all worked in various capacities for Spanish military health services, particularly at hospitals in the rear. Russian prisoners of war were used extensively by the Division to carry out menial tasks, including cleaning and orderly duties in hospitals. The hospital in Königsberg employed Polish, Russian and Jewish civilians, the majority of whom were women working in nursing and medical auxiliary roles. Other women held more senior posts elsewhere. A female Russian pharmacist worked at the hospital in Grigorowo, and the lab at the Vilnius hospital was run by a female Polish doctor.²² On occasions, Spanish front line hospitals also treated Russian civilians. In some of the later memoirs this formed part of a wider narrative about positive Spanish treatment of Russian civilians, a way of distancing the Division from the Nazi cause in the post-war era.²³ In reality however, the treatment of civilians had a more pragmatic basis. In many cases the Russians treated in Spanish hospitals were among those civilians, primarily women, who worked for the Division, carrying out menial tasks including cooking and cleaning. In addition to these civilians, Russian prisoners of war were also put to use by units both at the front and in the rear, including work in and around hospitals, and were therefore able to access hospital treatment at a time where much of the local civilian health infrastructure had been destroyed or subsumed within military services. There was also a public health rationale to treating local civilians, with military health officers worried about the risk of epidemic and venereal diseases spreading from civilians to troops, particularly given the proximity within which both groups lived on and around the front line.

For Spanish medical personnel, this working environment provided an opportunity for the kind of international professional development which had been largely unavailable to them since

²⁰ AGM, DEV, C.2024,19,1, Annual Report of the Commander of the Spanish Hospital in Vilnius, 26.

²¹ Hans Killian, *In Schatten der Siege: Chirurg am Ilmensee, 1941-1942-1943* (Munich: Ehrenwirth, 1972), 149-50.

²² José Alvarez Esteban, *Agonia de Europa* (Madrid: Estades, 1947), 371-76.

²³ A similar motive also lies behind the discussion of a unique Spanish character and relations with women in the memoir literature. For a discussion of these themes, including the presentation of Russian civilians, see Núñez Seixas, 'Los vencedores vencidos: la peculiar memoria de la Division Azul, 1945-2005'; Núñez Seixas, "'Russland war nicht schuldig': Die Ostfronterfahrung der spanischen Blauen Division in Selbstzeugnissen und Autobiographien, 1943-2004'.

the start of the Civil War. A military dentist, Alfonso Ribera Sanchis, published an account of his time of the Eastern Front in the health journal *Ser* in October 1942, which emphasised the benefits of working within a team comprised of Spanish, German and Russian practitioners, and with patients from the same countries. 'In his professional life,' he wrote, 'the orthodontist has few occasions to deepen his understanding of areas that can only be grasped by leaving the *Patria*'.²⁴ The army journal *Ejército* published an article by a military health colonel Sebastian Monserrat in June 1942 examining the medical corps in both the German and Soviet armies. Based in part on a book published Alberto Blanco and Gómez Duran, two of the Division's leading medical officers who had travelled to Germany in 1940 to study the Wehrmacht's medical services, the article compared front line and rear medical services within both armies, the structure of the two medical corps, and specific topics such as evacuation procedures. The unprecedented scale of the coming conflict between the two largest mechanised armies the world had ever seen, argued Monserrat, 'provides ample motives for us as military professionals to try and learn, each within his own sphere, how the pieces of these great war machines function'.²⁵ The diary of the Blue Division medical captain, Manuel de Cárdenas Rodríguez, recounted his work alongside German, Polish and Russian doctors, including a renowned Polish surgeon who had been dismissed from his university post by the Germans, and a female Russian doctor who taught him about the development and treatment of typhus.²⁶ For Spanish medics in the Blue Division, working alongside colleagues from the prestigious world of German medicine could represent both a positive social experience and an opportunity for professional development. Such opportunities were not just connected to the chance to work alongside German professionals, but also reflected a positive attitude towards the wider international experience the Blue Division provided, including work with doctors, nurses and patients from across the region.

One outcome of the coordination between the Division's medical services and the Wehrmacht was that a large number of Spanish troops received care from German doctors and German hospitals. Wounded Spanish troops were often sent first to German front-line hospitals, with German medical personnel later in attendance during transfer to Spanish facilities in the rear.²⁷ Before the network of Spanish hospitals in rear areas was fully up and running, large numbers of wounded Spanish troops were sent across the Reich and occupied territories for treatment. In Cologne over the course of 1942, for example, over 500 Spanish troops were treated in

²⁴ Alfonso Ribera Sanchis, 'Odontología de Campaña en la División Azul', *Ser*, 9 (Oct 1942), 89.

²⁵ Sebastian Monserrat, 'Sanidad de Campaña en el Reich y la U.R.S.S.', *Ejército*, 30 (Jul 1942), 51.

²⁶ Archivo particular de D. José Manuel de Cárdenas, San Sebastián, 'Diario de Manuel de Cárdenas Rodríguez, Capitán médico de la División Azul (febrero 1942-noviembre 1943)'.

²⁷ See for example Alvarez Esteban, *Agonia de Europa*, 371; Pardo Martínez, *Un año en la División Azul*, 179.

twenty separate locations.²⁸ Memoirs and autobiographies generally presented the quality of this treatment in a positive light, with soldiers praising the professional skill of German medical personnel and the cleanliness and efficiency of their hospitals.²⁹ In contrast, both Spanish troops and Spanish medical personnel frequently complained that the Division's own medical services were poorly managed, dirty and underequipped. These impressions fed into a wider admiration for the Wehrmacht among Spanish troops, who saw the German army as much more fair and efficient than the neglectful and hierarchical Spanish military system.³⁰ German nurses were particularly well received by Spanish troops, representing a bewitching combination of political solidarity, maternal care and romantic possibility. An article on the German Red Cross nurses in the Division's newspaper *Hoja de Campaña* eulogized 'the girl who cared for your comrade, your brother, perhaps for you... [who] also plays an important role in the balance of war'. The German nurse, it argued, was a sister more than a comrade, encapsulating the highest spiritual values of Europe for which the Division's soldiers were fighting, all combined within the figure of 'a beautiful blonde girl'.³¹

For the more ideologically committed volunteers of the Blue Division, hospitals also provided an opportunity to develop their understanding of and links with the Nazi regime. Health services, particularly hospitals in the rear, were central to attempts by various groups to build wider Hispano-German solidarity. The Nazi Party, the Hitler Youth, the office of the Falange in Berlin and the Ibero-American Institute all worked closely with the Berlin hospital.³² The local Nazi party was particularly active in providing theatre and sporting tickets for patients, arranging parties and social events around particular anniversaries and festivals, and delivering food parcels. This formed part of wider German efforts to support the multinational coalition of troops fighting on the Eastern Front and to strengthen relations between Nazi Germany and its allies, efforts which often centred around issues of health and welfare. They included initiatives designed to forge a sense of European solidarity amongst diverse national groups, including invitations for Spanish patients to convalesce in sanatoria across the Reich and occupied territories alongside German and other European troops. In October 1942 four injured SEU members from the Berlin hospitals were invited to a sanatorium in Cracow to recuperate alongside a group of European students injured fighting against the Soviet Union, and in December another four were sent to convalesce in German-occupied Crimea alongside soldiers from various other European states, with a suggestion that it would form the basis of

²⁸ Moreno Juliá, *La División Azul: sangre española en Rusia, 1941-1945*, 317.

²⁹ See for example José M. Sánchez Diana, *Cabeza de puente: diario de un soldado de Hitler* (Alicante: Ediciones García Hispán, 1993), 158.

³⁰ Núñez Seixas, *Comarada invierno*, 118-26.

³¹ 'Las Hermanas de la Cruz Roja', *Hoja de Campaña*, 58, 24 Feb 1943.

³² AGM, DEV, C.2021,1,1, 'Berlin Diario de Operaciones', 1942.

an ongoing exchange.³³ Both Nazis and Falangists hoped to use the war and the soldiers who were fighting on the Eastern Front to promote a sense of solidarity between the nations of the 'New Europe'.

The treatment provided by Russian, Polish, Baltic and Jewish workers in Spanish hospitals was also regarded favourably by Spanish troops. As with the case of German nurses, however, the focus of most accounts in later memoirs and autobiographies was on the foreign women working as nurses and medical assistants in Spanish hospitals, who often appeared in memoirs as well dressed, friendly, flirtatious and well-disposed towards Spanish soldiers.³⁴ This formed part of a wider narrative of cosmopolitan exoticism which characterised accounts of the experiences of Blue Division troops published both during and after the war, a narrative particularly evident in descriptions of cities in the rear where Spanish hospitals were located. For Spanish troops, a period spent in the hospitals of Riga or Vilnius was often best remembered for the social opportunities it provided. The accounts of visits to these cities revolved around the bars, cafes and cabarets frequented by Spanish troops, around drinking, music and girls. A recurring feature was the European character of the two towns, a dissolute cosmopolitanism that was central to their appeal. For the Blue Division veteran and falangist journalist José Luis Gómez Tello, Riga had 'everything you could want to have fun: drama, winter sports, beach, circus... cafes with champagne... vodka at 80 marks a bottle. Beautiful women, shining uniforms, war wounded, Germans on leave, Spaniards, Italians, Belgians, Walloons, Swedes, Norwegians, Finns, French, Lithuanians.'³⁵ Many accounts lingered on the heady 'cocktail' of languages and the efforts of Spanish troops to talk to the Russian, Lithuanian, Polish and Estonian girls working in the cafes and bars. These forms of exotic cosmopolitanism were inextricably linked to the troops' idea of Europe and the European cause they were supposedly fighting for. In 1943, for example, the Blue Division soldier Fernando Torres wrote an article for the newspaper *ABC* describing his recent convalescence in a front line hospital, during which the facility had been visited by a *Kraft durch Freude* group sent to entertain the injured troops. The group included a German accordionist, an Italian dancer, a Swedish magician and a Greek guitarist, a colourful and exciting apparition amidst the drab front line soldiers. 'For a few hours', Torres wrote, 'we completely forgot that a few metres away there was a trench which marked the border of Europe'.³⁶

³³ Ibid.

³⁴ See for example Alvarez Esteban, *Agonia de Europa*, 376.

³⁵ J. L. Gómez Tello, *Canción de invierno en el este: crónicas de la División Azul* (Barcelona: Luis de Caralt, 1945), 27.

³⁶ Fernando Torres, 'Teatro de campaña', *ABC*, 2 May 1943, 22.

This positive sense of cosmopolitanism even extended to Jewish girls and the Yiddish language, but the attitude towards Jews encountered in other circumstances highlighted the limits of such views. Positive responses to the international environment in which Spanish troops found themselves were limited to sites of socialising and relaxation in urban European settings such as Riga and Vilnius, but elsewhere in the region the anti-Semitism that marked many Blue Division descriptions of local Jewish populations emphasized the danger and degeneracy of international and cosmopolitan identities.³⁷ Gómez Tello, one of the most effusive about the multinationalism of Riga, described Jews of the surrounding region as 'the international Jew, without local colour'. The Soviet architecture in Minsk was denounced similarly for its cosmopolitanism, 'the Greek interpreted by the North American with a frenzied mentality of the communist Jew'.³⁸ Whereas the 'international' could provide an exotic, bohemian backdrop for troops to enjoy away from the front, when encountered elsewhere it still represented the dangerous rejection of national and local traditions propagated by 'Judaeo-Bolshevism'.

Spanish volunteers were also aware that the Eastern Front was not a positive international environment conducive to professional exchange and development, but one in which the local people working in Spanish hospitals were doing so in the context of occupation and violence. The Division's medical staff understood the coercion which underlay their relations with local civilians both inside and outside hospital grounds. This was particularly the case with the Jews who worked in Spanish hospitals, most notably in Vilnius and Riga, where Spanish troops had some awareness of the treatment of the city's Jewish inhabitants and the limited protection provided by hospital work.³⁹ Aside from the Russian prisoners, neither divisional records nor the memoir literature make clear how Jewish and other local civilian staff were recruited and the degree of coercion involved in their employment. Hospital reports however, show a consistent concern with the levels of discipline amongst foreign staff members. Whilst behaviour was generally described as good, the annual report of the director of the Vilnius hospital in 1942 suggested this was 'due to their [the foreign workers'] political situation which perhaps more from fear than anything else obliges them to behave in this way'.⁴⁰ Even if the employment of local civilians did not constitute forced labour, we can assume that it was backed up by fear of punishment or penury if discipline was not maintained. The persistent

³⁷ See in particular Antonio José Hernández Navarro, *Ida y vuelta* (Madrid: Espasa-Calpe, 1946), 58; Gómez Tello, *Canción de invierno*, 65-73. For a discussion of anti-Semitism in the Blue Division see Xosé M. Núñez Seixas, 'Testigos o encubridores? la División Azul y el Holocausto de los judíos europeos: entre historia y memoria', *Historia y Política*, 26 (2011), 259-90.

³⁸ Gómez Tello, *Canción de invierno*, 64 and 48.

³⁹ Núñez Seixas, 'Testigos'.

⁴⁰ AGM, DEV, C.2024,19,1, Annual Report of the Commander of the Spanish Hospital in Vilnius, 26.

interest in the discipline of foreign staff in the Military Health Group suggests that, while they generally posed no problems, divisional commanders were conscious of the potential risks posed by native staff in occupied regions treating Spanish troops.

If relations with non-German personnel were coloured by Spanish awareness of their position as occupiers, their relationships with German colleagues were also affected by negative and hierarchical German attitudes towards their Spanish comrades, and by Spanish awareness of and reaction to these attitudes. Spanish medical personnel, for example, often struggled to assert their authority in front of German troops. One particular report described a military health lieutenant at the Königsberg hospital who was doused in water by a German soldier whilst sunbathing. The soldier refused to give his name, as did a passing German officer who witnessed the incident, forcing the hospital authorities to report the matter to the German liaison office.⁴¹ German officers made continued complaints about the failure of Spanish troops to follow basic standards of dress and behaviour, and Spanish authorities often responded by bemoaning the German obsession with what they saw as petty regulations. Within the Military Health Group Spanish personnel were frustrated by the approach of German military administrators who were responsible for overseeing the running of Spanish hospitals and ensuring they were appropriately supplied. One report from the Berlin hospital asked for these duties to be transferred to Spanish officials on the grounds that German officers spent less time on procuring adequate supplies than they did on complaining about breaches of regulations. 'Due to their psychology, their discipline and their character', the hospital's director wrote, 'they [the Germans] consider things of no consequence important'.⁴² The focus on relations with German colleagues in monthly reports and the official reminders to ensure disagreements were handled appropriately reflected the extent of the tensions between German and Spanish teams, and the concerns these tensions caused amongst divisional commanders.

Relations between Spanish personnel and their German counterparts were also coloured by internal political conflicts within the Blue Division itself. In November 1941, two leading figures from the Falange's Women's Section sent reports to Madrid detailing the failings of the Division's health services. Casting the blame firmly at the feet of the officers at the head of the Military Health Group, they alleged that individuals hostile to the Falange were stirring up anti-German feeling by blaming their own failures on Wehrmacht colleagues. The first report was written by Celia Giménez, the leader of the Women's Section in Berlin. A nurse who had been working in Germany since her husband was killed during the Civil War, she was well connected

⁴¹ AGM, DEV, C.2027,7,2, p. 25

⁴² AGM, DEV, C.2027,13,3, General Hospital Report, Jun 1943.

with leading Nazis and Falangists in Berlin, and became known as the 'godmother' of the Blue Division thanks to her regular Spanish-language radio broadcasts aimed to the Division's troops.⁴³ In November 1941 she toured the Division's hospitals on the front line, denouncing the conditions Spanish troops were being forced to endure which she blamed on the military health leadership, and lamenting the tensions that had been fostered between military and falangist nurses. Not only were senior medical officers attempting to blame the Wehrmacht for the state of Spanish medical services, she argued, but German impressions of the Blue Division were also being negatively affected by the internal political conflicts they witnessed.⁴⁴ The second report came from Aurelia Segovia, head of the Women's Section nurses in Porchow, who denounced the 'terrible indiscipline and immorality' of senior medical officers in even stronger terms, alleging that they were deliberately aiming to foment anti-German and anti-falangist sentiment among Spanish troops. They were aided, she argued, by the leader of the military health nurses who was engaging in 'satanic tactics... motivated by her hatred of the Falange'.⁴⁵ Their complaints reflected wider tensions between the military officers in charge of the Division and the falangist volunteers who served under them, most of whom were more ideologically well-disposed to Nazi Germany and keener to develop ties with German colleagues. In the same way that some of the positive responses to German colleagues were influenced by the political convictions of falangist volunteers, some of the criticisms of German services from the Blue Division's leadership may have stemmed from the political hostility of military officers towards both the Falange and Nazi Germany.

The picture was similar for the Blue Division's rank and file troops. Admiration for the quality of German medical care and the pro-Nazi sympathy of some falangist volunteers did not translate into an enthusiastic pro-German sentiment amongst the majority of Blue Division soldiers. Significant tensions existed between injured Spanish soldiers and their German comrades, particularly in and around Spanish hospitals in the rear where conflict and disciplinary problems were at their highest.⁴⁶ As with the case of the medical personnel, many of these problems stemmed from poor German treatment of and attitude towards Spanish troops, and Spanish responses to this behaviour. A persistent source of tension came from relationships between Spanish troops and German girls, which often led to conflict with German troops, particularly in Königsberg. There were also ongoing problems with German troops refusing to obey Spanish officers, and German officers complaining about basic lapses

⁴³ Wayne H. Bowen, *Spaniards and Nazi Germany: Collaboration in the New Order* (Columbia: University of Missouri Press, 2000), 86-87.

⁴⁴ AGA, (9)17.2 51/18959, Celia Giménez, 'Informe sobre mi viaje a los hospitales del frente ruso verificado el 21 de noviembre de 1941.'

⁴⁵ AGA, (9)17.2 51/18950, Aurelia Segovia, 'Informe sobre la Sanidad de la División Azul', 31 Nov 1941.

⁴⁶ Núñez Seixas, *Camarada invierno*, 146-47.

in Spanish discipline. The situation in Königsberg became so bad that in April 1943 the city's military commander, Albrecht Brand, was forced to issue a reminder to German troops, to be repeated to all units on a monthly basis, that 'for all of us it is a natural duty to treat our Spanish comrades who fight alongside us shoulder to shoulder against Bolshevism with amiability and to help them in the rear where we come across them often as our guests'.⁴⁷ As with the case with Spanish civilians and health experts working in Nazi Germany, these issues reflected the tensions between Nazi racial hierarchies, particularly relevant in the case of relationships between German women and foreign men, and the theoretical equality of troops fighting on the Eastern Front.

One way in which Spanish medical personnel responded to such problems was to attempt to separate German and Spanish medical facilities on the grounds that the treatment of Spanish troops by Germans or in German-run hospitals caused practical or cultural difficulties. In part this reflected genuine problems that the Division faced in keeping track of those wounded troops sent to hospitals across the Reich, even if they recognised the treatment troops were receiving was of good quality. There were also suggestions, however, that cultural and linguistic barriers made Spanish troops uncomfortable with aspects of the care provided in German hospitals. The Spanish hospital in Hof, for example, had originally been a German hospital which began to receive large numbers of Spanish troops sent from across the Reich in early 1942. The Blue Division agreed with German authorities to transform it to purely Spanish hospital, transferring out German patients and staff and bringing in a group of Spanish nurses. The result of this, the hospital director claimed was 'the disappearance of language problems in questions as delicate as those relating to the economic situation of patients, removal of psychological differences, and improvement in food'.⁴⁸ Indeed the quality of food was an ongoing complaint from Spanish hospitals reliant on German supplies, with frequent reports claiming that German food was unsuited to Spanish troops and considerable efforts made to send certain key food supplies from Spain. Whilst military health officers appreciated the professional opportunities provided by working alongside their German colleagues, the problems stemming from the unequal power relations between the two groups prompted many to use the idea of insurmountable cultural differences to achieve the practical separation of German and Spanish medical services.

Another common response to these problems, evident both in divisional records discussing cultural differences and in the later memoir literature, was to emphasise and exaggerate the idea of a unique Spanish character that distinguished the Division's troops from their European

⁴⁷ AGM, DEV, C.2025, 6,1, 'Inspección de Hospitales, informe mensual', Apr 1943.

⁴⁸ AGM, DEV, C.2024,19,1, Report on the Functioning of the Spanish Hospital at Hof/Saale during 1942.

(particularly German) comrades. In a medical setting, it was this response which underlay complaints about the unsuitability of German food for Spanish troops, arguments about adherence to regulations, and tensions resulting from relationships between convalescing Spanish troops and local girls. More generally, it involved highlighting the friendliness, optimism and good humour of the Spanish soldiers, even in difficult circumstances such as the long march to the front in 1941. In contrast to the serious German troops, according to this narrative, the Blue Division painted names and faces on their vehicles and formed good relationships with locals. Although some of these locals 'must have thought that soldiers so friendly and free from cruelty would not make good warriors', Blue Division soldiers argued, this positivity was part of what made Spanish troops so strong in battle and firm in the face of the enemy, their constant jokes and laughter 'demonstrating the spirit of sacrifice of the [Spanish] Race'.⁴⁹ This combination of bravery and good humour was often framed as a quixotic mission, Spain riding out to defend the world against the Bolshevik threat. Central to this idea of Spanish identity was the trope, almost universal across the memoirs of the Division's veterans, of Spanish *donjuanismo*, the preternatural 'gift' with women that the troops possessed. This was presented as a specifically Spanish trait, combining masculinity and virility with a romanticism and a chivalrous respect for women supposedly characteristic of Spanish history and culture.⁵⁰ This idea lay at the heart of many of the positive responses to the Division's international environment which appeared in both contemporary accounts and in later memoirs, limited as they were to a celebration of female German nurses, Jewish hospital orderlies or Estonian waitresses.

The ambiguous relationship between Spanish troops and their German and European allies reflected fundamental contradictions at the heart of the Blue Division's identity, and of the 'New Europe' they were supposedly fighting for. The Division's troops were part of an international coalition fighting in what was, according to both German and Spanish propaganda, a common struggle to defend European civilization. For the surgeons, nurses and public health officials in the Division's medical services, particularly those volunteers from a civilian background, this was combined with their membership of a self-consciously international medical profession in which ethical duties and technical knowledge, like the

⁴⁹ Jesús Martínez Tessier, 'Estampas Soviéticas', *Si*, 37, 13 Sep 1942, 15, and Gómez Tello, *Canción de invierno*, 31.

⁵⁰ This idea appears in many, if not most of the memoirs published by the Division's veterans, including Victor José Jiménez, *De España a Rusia: 5000 kms. con la División Azul* (Madrid: Imprenta de Madrid, 1943); Alberto Crespo, *De las memorias de un combatiente sentimental* (Madrid: Ediciones Haz, 1945); Hernández Navarro, *Ida y vuelta*. For a discussion of the idea of *donjuanismo* and the contemporary debate surrounding it in Spain, see Nerea Aresti, *Médicos, donjuanes y mujeres modernas: los ideales de feminidad y masculinidad en el primer tercio del siglo XX* (Bilbao: Servicio Editorial Universidad del País Vasco, 2001), 115-62.

diseases against which they struggled, were supposed to transcend national borders. On the other hand, the majority of those who volunteered for the Division were committed nationalists of some form, either radical Falangists or military veterans who had fought in the Civil War for a Francoist ideology which defined itself in opposition to both liberal internationalism and international communism. Moreover, when these volunteers came face to face with the German forces apparently leading the common struggle for Europe, the realities of Nazi attitudes towards their southern European comrades often did not live up to the ideals of European solidarity presented in both German and Spanish propaganda. The reaction of many members of the Division in the face of these contradictions was to emphasise the uniqueness of the Spanish national character and the cultural differences that separated Spain from the rest of Europe, whilst still celebrating the professional, social and romantic opportunities the international environment of the Eastern Front provided.

Military Internationalism in Franco's Spain

The Blue Division was not an isolated example of Francoist medical officers serving abroad or cooperating with colleagues in an international environment. As they had done in the interwar period, military medical personnel under the Franco regime formed the backbone of the health systems in the Moroccan Protectorate and in Spanish Guinea. In the 1960s a group of Spanish medical officers were sent to run medical services for civilians during the Vietnam War, a military alternative to the forms of civilian humanitarianism which developed outside of Spain during the post-war period. As they had done during the Second World War, medical officers also continued to cooperate with their counterparts abroad via civilian and military international health organisations. These examples of international mobility and exchange represented a form of military internationalism which was peculiarly suited to Franco's Spain, one which was compatible with the reactionary traditions of the Spanish armed forces and which could be used to promote the image of the Franco regime beyond Spanish borders.

Three senior military figures involved with the Blue Division's medical services highlight the connections between Spanish involvement in the Second World War and this wider history of Spanish military internationalism. The first was Mariano Gómez Ulla, the head of surgery for the Spanish army. At the end of 1941, he made the decision to send part of the army nursing corps, the *Damas Enfermeras de Sanidad Militar* to serve with the Blue Division, causing tensions with the Falange's Women's Section which was also mobilizing volunteer nurses.⁵¹ In

⁵¹ Suárez Fernández, *Cronica de la Sección Femenina y su tiempo*, 140.

January 1942 the Minister of War, General Varela, asked Gómez to travel to Germany and the Eastern Front to investigate the early problems the Division was facing in establishing effective health services. He arrived in Berlin on 21st January, and over the next month visited Spanish troops in Königsberg and Riga, met with the Division's commander Muños Grandes to discuss the state of medical services, and visited German medical facilities in Smolensk. With the agreement of German authorities, he made changes to the organisation of Spanish hospitals in the rear and to some of the personnel within the surgical teams, and was later rewarded with a promotion to the position of Inspector General of Military Health, which he held until his death in 1945.⁵²

For Gómez, the Blue Division represented the final stage of a career which had involved extensive study of military medical practices in other countries, service overseas, and participation in diverse forms of civilian and military international health. He had joined the Military Health Corps in 1899, and had first seen action in the Morocco campaign of 1909. His first international experience came in 1912 when he was sent on a three month trip to Paris, Berlin and Rome to study military health services across the three countries. During the First World War he was part of a commission sent to study conditions in prisoner of war camps in Germany, Austro-Hungary and France. He used these trips to investigate evacuation procedures and care of front line troops in the German, French and British armies, which with the exception of Germany he felt were poorly organised.⁵³ On his return he published a number of articles in military and medical journals, bringing the latest developments in military medicine to a Spanish audience. He had a chance to put this knowledge to immediate use in the Moroccan conflicts which ran intermittently from 1921 to 1925. It was here he developed the mobile field hospitals that would which would later be known as 'Gómez Ulla hospitals', using convoys of mules to bring surgical assistance closer to front line troops. After serving in Morocco he moved to the Military Hospital in Carabanchel. In 1929 he toured North America and Cuba on a Rockefeller Fellowship, visiting clinics and hospitals in Los Angeles, Toronto and Montreal, as well as the Mayo Clinic in Rochester which was an important international centre for surgical research. In 1930 a Rockefeller delegation visited his hospital in Carabanchel, one of many visits to the institute made by European and international experts. During this period he also participated actively in international civilian health conferences and groups, including the International College of Surgeons.⁵⁴ His work with the Blue Division, therefore, drew on

⁵² José María Gómez Ulla y Lea, *Mariano Gómez Ulla: un hombre, un cirujano, un militar* (Madrid: Editorial Madrid, 1981), 155-61.

⁵³ R. Navarro Suay and J.F. Plaza Torres, 'Una "hazaña prácticamente desconocida": la participación de médicos militares españoles en la Primera Guerra Mundial', *Sanidad Militar*, 70 (2014), 51-57.

⁵⁴ Gómez Ulla y Lea, *Mariano Gómez Ulla*.

decades of international experience, and highlights how closely Spanish medical officers were integrated into international networks of military medicine prior to the Second World War.

The second figure was the nursing leader, Mercedes Milá Nolla. The overlap of the civilian and military medical professions in Spain, particularly after the Civil War, meant that a number of Spanish civilian experts involved in international health also held important military positions, including with the Blue Division. Milá combined a career which was in many ways an exemplar of early twentieth century international health with a substantial military role in Spain during both the Civil War and the Second World War. Born into a naval family at the turn of the century, she first qualified as a Red Cross nurse in 1918. From early in her career she pursued an international role, winning a Rockefeller Fellowship to attend the prestigious public health nursing school at Bedford College in London run by the League of Red Cross Societies in 1927 and 1928. As one of the 'Old Internationals' alumni of the school, she enthusiastically embraced the internationalism of the nursing profession. Reflecting on a Bedford College reunion in 1928, she wrote:

The harmony amongst such a heterogeneous group was admirable, with each person interested in the same questions, putting their own experiences at the service of the rest... Amongst the "Old Internationals" there reigns such a spirit of mutual friendship and esteem that we say that ours is the real League of Nations.⁵⁵

Her role as an 'international nurse', as she was referred to in Spanish Red Cross publications, led to numerous invitations to international events. In 1934 the Department of Health appointed her president of the Professional Association of Health Visitors, and provided her with a grant for a trip to research nursing schools in Warsaw, Budapest, Lyon and Vienna.⁵⁶ In 1937 she attended the International Nursing Conference in Paris, which she combined with a study tour looking at Red Cross youth sections in Paris and Brussels.

At the outbreak of the Civil War, Milá had found herself in the Republican zone, but with the help of the International Committee of the Red Cross was able to leave the country and make her way to the rebel zone via France. Once there she was put in charge of organising nursing services for the rebel army, a role which she maintained after the Civil War. In 1941, at the request of Gómez Ulla, she established the Women's Military Health Auxiliaries Corps (*Cuerpo de Damas Auxiliares de Sanidad Militar*), in part inspired by her training and experiences in the UK.⁵⁷ Eighty seven nurses from the corps were sent to serve with the Blue Division between

⁵⁵ CDCRE, *Revista de Cruz Roja Española*, 1928, pp. 567-570

⁵⁶ D García-Sabell (ed.), *Los médicos y la medicina en la Guerra Civil Española* (Madrid: Laboratorios Beecham, 1986).

⁵⁷ CDCRE, interview with Mercedes Milá, *Revista de Cruz Roja Española*, Oct 1984, p. 44.

1941 and 1943, as well as eight Red Cross nurses organised by Milá through her ongoing contacts with the organisation.⁵⁸ Milá herself visited the front in the summer of 1943 alongside Celia Giménez. After the war she continued her international role, working closely with the League of Red Cross Societies and colleagues from Britain and elsewhere, as well as attending the International Nursing Conference at Bedford College in 1952. Despite growing up in a military family and serving with fascist forces during both the Spanish Civil War and the Second World War, she remained committed to and welcomed within civilian international health organisations and networks throughout her career.

The third figure, Alberto Blanco Rodríguez, was a surgeon who led the Blue Division's Military Medical group from its inception in the summer of 1941 until July 1942, and who was one of the officers so roundly criticised by Celia Giménez and Aurelia Segovia in 1941. For Blanco, the experience of the Blue Division was part of a wider engagement with the international community of military health professionals which began after the First World War and continued well into the 1950s. During the First World War he had formed part of a Spanish commission, alongside Gómez Ulla, sent on two separate occasions to study conditions for prisoners of war, first at German and Austro-Hungarian camps and later at French camps holding German officers.⁵⁹ In 1934 he attended the annual conference of the Association of Military Surgeons of the United States in Philadelphia. As part of the same visit, he used a grant from the Spanish Department of Health to undertake a study tour which included visits to hospitals and clinics in New York and Washington and to the Mayo Clinic, as well as attending lectures at Harvard and Columbia.⁶⁰ After the outbreak of the Second World War and prior to the intervention of the Blue Division, Blanco had travelled to the Reich to study the Wehrmacht's military health services, publishing his findings in 1941.⁶¹ After the war he continued to play an active role in international military health, forming part of the Spanish delegation attending the International Conference of Military Medicine in June 1947.⁶²

The careers of Mariano Gómez, Mercedes Milá and Alberto Blanco illustrate three distinct ways in which Francoist military medical experts engaged with forms of civilian and military international health. The first was through service overseas, often in a colonial context such as Gómez Ulla's experiences in Morocco, but also within global conflicts as in the case of the Blue

⁵⁸ CDCRE, Mercedes Milá to Marquesa de Valdeiglesias, 8 Dec 1941.

⁵⁹ Navarro Suay and Plaza Torres, 'Una hazaña'.

⁶⁰ *ABC*, 4 Jan 1935, 32.

⁶¹ Alberto Blanco and Manuel Gómez Durán, *Memoria resumen de una misión de estudios al extranjero* (Madrid: Servicio Geográfico y Cartográfico de Ejército, 1941).

⁶² *XI Congrès International de Médecine et de Pharmacie Militaires, Basel, du 2 au 7 Juin 1947* (Basel: Compte-Rendu Général Discussions des Rapports et Communions, 1947)

Division during the Second World War. These experiences brought Spanish medical officers into direct contact with foreign cultures, but did so in a context of projecting or promoting Spain's global influence, either as an imperial power or within the Axis coalition. For military physicians, Morocco had been the most important field of action outside of the Iberian Peninsula since the establishment of the Protectorate in 1912.⁶³ The military health corps in Morocco was the first posting abroad for many of the leading military health figures of the twenties and thirties, including Mariano Gómez and José Palanca. The civilian health services set up by Spanish authorities in the Protectorate were also dominated by military doctors. The military's role was equally central under the Franco regime, both in Morocco prior to independence in 1956, and in Spain's remaining colonial positions in the Spanish Sahara and in Guinea. The role of Inspector of Health, in charge of civilian health services across the Protectorate, was held until 1943 by the medical captain Juan Solsona Coniellera, who had worked his way up through both military and civilian health systems in the region, and from then until 1956 by the military doctor Francisco Gómez Arroyo.⁶⁴ The figure of the military doctor in Morocco also possessed a symbolic power within Franco's Spain, and was the subject of a number of propaganda films produced in the 1940s and early 1950s aimed at Spanish audiences.⁶⁵ The *africanista* background of Franco and his colleagues, as well as the role of Morocco in the launch of the 1936 rebellion, meant that the Protectorate came to represent a fundamental part of the new regime, in a sense somehow more Francoist, and therefore more Spanish, than Spain itself. The military doctor in Morocco not only represented benevolent Francoist authority at its point of origin, but in his care for the local population and his work alongside native auxiliaries, also symbolized the idea of Hispano-Arabic friendship which was central to early Francoist colonial discourse.⁶⁶ For military doctors, Morocco offered professional opportunities and a sense of national mission beyond those available within Spain itself.

The second form of Francoist military internationalism came through the exchange of knowledge, ideas and practices within the military medical profession. In some circumstances this took place on an informal or bilateral basis through individual expeditions to foreign countries or to observe foreign conflicts. In others it involved civilian international health

⁶³ Further information on medical services in Spanish Africa can be found in chapter 4.

⁶⁴ Francisco Javier Martínez Antonio, 'En la enfermedad y en la salud: medicina y sanidad españolas en Marruecos (1906-1956)', in Manuel Gahete Jurado and Colabora Fatiha Benlabbah (eds.), *El Protectorado español en Marruecos: la historia trascendida* (Bilbao: Iberdrola, 2013), 363-92.

⁶⁵ Francisco Javier Martínez Antonio, 'La medicina y la sanidad en el Protectorado español en Marruecos: apuntes iconográficos', *Awraq: estudios sobre el mundo árabe e islámico contemporáneo*, 5-6 (2012), 135-56.

⁶⁶ Irene González González, 'La "hermandad hispano-árabe" en la política cultural del franquismo (1936-1956)', *Anales de Historia Contemporánea*, 23 (2007), 184-97.

organisations, such as the Rockefeller Foundation or the Red Cross, or military international organisations such as the International Committee of Military Medicine. The history of the International Committee serves to illustrate both the origins of the medical internationalism Spanish officers were involved in, and some of the contradictions and tensions inherent within them. Its origins lay in the ad-hoc cooperation between Allied medical officers during the First World War.⁶⁷ After the war this cooperation was placed on a more established footing with the first International Conference on Military Medicine and Pharmacy held in Belgium in December 1922, organised by the American medical officer William Seaman Bainbridge and the Belgian Jules Voncken. The success of the 1921 conference quickly led to the establishment of a fully-fledged international structure, with a permanent committee, later known as the International Committee, appointed in 1922, and a range of associated groups and networks developing over the course of the 1920s and 1930s. The biannual conferences took practical steps towards international standardisation, including plans for common insignia to identify medical personnel and the adoption of uniform diagnostic cards to simplify the transfer of patients between national medical services. Close relations established with the Red Cross, with both the ICRC and the League of Red Cross Societies represented on the International Committee. Spanish experts were actively involved in the Committee from the beginning, with interwar conferences attended by José Palanca and Antonio Vallejo Nágera among others.⁶⁸

In many ways the organisation reflected the idealism of interwar internationalism. For the leaders of this movement, the narrow aims of learning lessons from recent conflicts, sharing ideas and helping to internationalise the military medical profession were combined with a wider ambition to help ensure a peaceful international future. International cooperation between medical officers was regarded both as an end in itself and as a step towards the ultimate goal of preventing conflict between states. In part this was based on the idea that the lessons of military medicine in wartime could make a valuable contribution to civilian medicine and public health, both in specific areas such as the treatment of industrial accidents, and thanks to its ability to carry out mass public health measures unencumbered by the inconvenient moral and political constraints of civilian life.⁶⁹ It was also based on the idea that military doctors could make a vital contribution to the foundation of universal brotherhood and harmony. Despite their military roles, the International Committee's founder William

⁶⁷ *Conférence interalliée pour l'étude de la rééducation professionnelle et des questions qui intéressent les Invalides de la guerre, du 8 au 12 Mai 1917, Grand-Palais, Paris*, (Paris: Imprimerie Chaix, 1917).

⁶⁸ Information on the early history of the International Committee is taken from the published proceedings of the biannual conferences held between 1921 and 1939.

⁶⁹ See US Surgeon General Charles Ranson Reynolds speaking at the 1939 conference in Washington, William Seaman Bainbridge, *Tenth International Congress of Military Medicine and Pharmacy, Washington D.C., May 7 to 19 1939: Volume Two, Proceedings* (Washington: U.S. G.P.O., 1939), 50.

Bainbridge argued that 'in their care of the sick and wounded in war, the military surgeons know no enemies'.⁷⁰ As the world around them became more and more nationalistic, the medical officers involved with the International Committee believed that their position at the heart of national governments, combined with their sense of universal mission, made them uniquely placed to prevent the spread of international conflict.⁷¹ This idealism was reflected in 1933 conference held in Madrid, when Spain's Republican government, led by the Minister of War Manuel Azaña, called for the Geneva Conventions to be redrafted to ensure the protection of sick and wounded civilians during times of war.⁷²

The military nature of the Committee and the background of its participants, however, meant that these ideals were undermined by the shifting international alliances and ideological tensions of the period. The Committee's origins in inter-Allied cooperation during the First World War and its dominance by US and western European officers meant that it never fully aspired to be universal or non-partisan. Both Germany and the Soviet Union were excluded until well into the 1930s, long after they had gained admission to most civilian international organisations. As the Second World War approached, tensions between delegates from liberal, communist and fascist states began to overshadow the Committee's meeting.⁷³ These tensions continued into the post-war era, when the emergence of the Cold War meant that the Soviet Union was once again excluded. In 1948 a parallel Interallied Confederation of Medical Reserve Officers was set up within NATO, designed to provide a forum to discuss medical issues, particularly those arising from the use of atomic weapons, which were deemed too sensitive to discuss in front of potential enemies in an open international forum. The partisan, anti-communist form of military internationalism represented by the International Committee was thus the ideal forum for Spanish experts to engage with counterparts abroad. The absence of the Soviet Union meant that Alberto Blanco was able to attend the 1947 conference at a time when Spanish experts were excluded from almost all international health events due to the diplomatic isolation of the Franco regime.⁷⁴ In the context of the Cold War, Blanco's involvement with the Blue Division and Spain's participation in the Axis war effort were

⁷⁰ William Seaman Bainbridge, *Report on the Seventh International Congress of Military Medicine and Pharmacy and the Meetings of the Permanent Committee, Madrid, Spain, May 29 - June 3, 1933* (Wisconsin: George Banta Publishing, 1933), 1.

⁷¹ William Seaman Bainbridge, *Eighth International Congress of Military Medicine and Pharmacy, and Meetings of the Permanent Committee, Brussels, Belgium, June 27-July 3, 1935* (Washington: U.S.G.P.O., 1937), 5.

⁷² Bainbridge, *Report on the Seventh International Congress of Military Medicine and Pharmacy and the Meetings of the Permanent Committee, Madrid, Spain, May 29 - June 3, 1933*.

⁷³ Leslie Le Souef, *To War Without A Gun* (Western Australia: Artlook, 1980), 39.

⁷⁴ *XI Congr s International de M decine et de Pharmacie Militaires, Basel, du 2 au 7 Juin 1947: Compte-Rendu G n ral Discussions des Rapports et Communications*, (Basel: Benno Schwabe, 1947).

regarded as less important than the anti-communist credentials of Franco's Spain, and Spanish military experts continued to attend the international conferences throughout the Franco era.

The third form of international cooperation which Spain's military health experts were involved in was military humanitarianism. This was evident in the various expeditions to inspect refugee camps during the First World War which Mariano Gómez and Alberto Blanco were involved in, as well as in Mercedes Milá's involvement with the ICRC and the League of Red Cross Societies before and after the Second World War. The most notable example of Spanish military humanitarianism during the Franco era, however, was Spain's involvement in the Vietnam War. At the beginning of 1966 Lyndon Johnson wrote to Franco requesting Spanish military participation in the conflict, part of a wider attempt to internationalise a coalition which already involved troops from half a dozen states within the South East Asia Treaty Organization. After extensive discussions with his Vice President and former commander of the Blue Division, Agustín Muñoz Grandes, Franco refused to formally join the American-led war effort, but did agree to send a team of medical volunteers to help treat local civilians. In December 1966, an initial team of twelve doctors and medical auxiliaries from the Military Health Corps was dispatched to South Vietnam. Between 1966 and October 1971 over fifty Spanish medical personnel were deployed in the region, where they ran a medical centre in the town of Go-Cong on the Mekong Delta, around 45 kilometres from Saigon.⁷⁵

The mission to Vietnam echoed Spanish experiences in the Blue Division in a number of ways, particularly in the experiences of medical officers living among local civilians and working alongside colleagues within a wider international military coalition. The hospital in Go-Cong was located within a US military complex, but was intended primarily for the treatment of the local population. As well as treating civilians in the hospital, up until 1968 Spanish personnel were also involved in local health visits and vaccination campaigns. Alongside civilian patients they treated local combatants from both sides, injured prisoners of war in American custody and, on occasion, American soldiers. Although a nominally independent volunteer group, they were closely integrated into US command structures and formed part of a much wider US programme to win the hearts and minds of the Vietnamese population through the provision of (generally ineffective) medical care.⁷⁶ As well as wearing US uniforms with Spanish insignia whilst on duty, they were reliant on US authorities for supplies of food and medication, although they received occasional pharmaceutical supplies from Spain. They were given free access to US camps and facilities where they socialised freely and formed good relations with

⁷⁵ Jesús Bescós Torres, 'La sanidad militar española en Vietnam', *Medicina Militar*, 51 (1995), 402-08; José Luis Rodríguez Jiménez, *Salvando vidas en el delta del Mekong: la primera misión en el exterior de la sanidad militar española, Vietnam del Sur, 1966-1971* (Madrid: Ministerio de Defensa, 2013).

⁷⁶ Robert J. Wilensky, *Military Medicine to Win Hearts and Minds: Aid to Civilians in the Vietnam War* (Lubbock: Texas Tech University Press, 2004).

American troops, and were able to take part in week-long trips to Japan, Malaysia and Hong Kong organised by the American forces organisation *Rest and Recreation*. Spanish personnel also worked with their Vietnamese counterparts, both doctors and nurses, at the Go-Cong hospital, particularly important given that they were unfamiliar with many of the diseases most prevalent amongst the local population.

For the Franco regime, the dispatch of the military health team represented a way of providing token support to its American ally without making any significant political, military or financial commitment. Spain was not alone in taking this approach, with eleven other countries also dispatching medical teams to Vietnam. The difference in this instance was that each of the other European countries, including Britain, Switzerland and West Germany, sent teams of civilian rather than military doctors, organised either through civilian health services or national Red Cross branches. Although the Spanish mission would be primarily a humanitarian one, treating the local population from a civilian hospital, Spain lacked the network of civilian health organisations and NGOs with experience of international humanitarian work that had developed in other European countries. The centrality of the military to the Franco regime and political implications of international involvement meant that there was an assumption that any volunteer team from Spain should be drawn from a military rather than civilian background.

The Spanish medical teams in Vietnam drew on the international experience of medical officers who had previously served both in the Blue Division and in colonial Africa. The officer in charge of the first group sent to Vietnam in 1966 was Argimiro García Granado, who had begun his army career serving as a junior officer in the Blue Division's medical corps in 1943. The logistics officer in the same group, Manuel Vázquez Labourdette, had been transferred from his role as medical officer in the Nomad Troop Groups (*Agrupación de Tropas Nómadas*), a mixed unit of indigenous and European troops serving in the Spanish Sahara.⁷⁷ He had previously built his career in north Africa, serving in the Rif and gaining experience of relief work during the Agadir earthquake of 1960. These two figures highlight the thread of international military health during the Franco era which ran from the Blue Division, through colonial North Africa, and on to the Spanish deployment in Vietnam.

⁷⁷ José Luis Rodríguez Jiménez, 'La misión de sanidad militar española en Vietnam del Sur (1966-1971)', *War Heat Internacional*, 16 (2013), 14-24.

Conclusion

Military medicine and military health experts played an important role in Spain's engagement with the outside world both during and after the Second World War. In part this was a reflection of the militarised character of the Franco regime and of Francoist society. A significant proportion of the regime's leadership, including Franco himself, came from a military background, and the stability of the regime rested on the support of the bloated Spanish officer corps. Military officers and veterans held leading positions within the civil service, academia, the media and business, as well as the medical and scientific professions. Most of the male portion of elite society under the Franco regime had served with the rebel forces during the Civil War, and the majority of the population had also been mobilised into the conflict in some form or other. The military, alongside the paramilitary security and police forces, enforced the regime's repressive policies within Spanish borders, and compulsory military service helped to inculcate and strengthen military values amongst the younger generations. Although Franco's Spain was never formally involved in an overseas conflict, the armed forces were used to project Spain power and influence abroad in the context of the Second World War, the Spanish Empire in Africa and the Cold War. Spanish health experts during the Franco era, therefore, frequently experienced the outside world through the prism of the military, serving as far afield as the frozen north of Russia, the deserts of Morocco and the jungles of Vietnam.

The international dimension of Spanish military medicine also reflected the paradoxical identity of military health experts in Franco's Spain. On the one hand they were steeped in the reactionary traditions of the Spanish armed forces, committed to defending the Spanish nation against its internal and external enemies, and to upholding the hierarchical, nationalistic and Catholic values of the Franco regime. On the other, they formed part of an international community of military professionals, equally committed to sharing knowledge and expertise across borders. Many also practiced medicine in civilian settings, and as such worked within the internationalised structures of the modern medical profession. Their military missions were also humanitarian ones, saving the lives of soldiers amidst the destructive chaos of modern warfare, providing relief to victims of natural disasters, or treating civilians affected by armed conflict. When serving overseas they were helping to defend the Spanish nation and expand Spanish power and influence as military officers, but were also acting as humanitarians and international medical professionals.

This apparent paradox was not unique to Franco's Spain, however. The role of the military in international health and humanitarianism was not just a phenomenon confined to the

nineteenth century, but became increasingly prominent during the first half of the twentieth century. Despite the historiographical focus on progressive, civilian forms of internationalism and international health, military medicine played a vital role in the early development of international sanitary cooperation and of modern humanitarian organisations such as the Red Cross. Well into the twentieth-century, however, military physicians and health experts continued to be involved in international health organisations, often through their roles within European colonial health administrations. Interwar humanitarian organisations were profoundly affected by their involvement in providing medical, humanitarian and welfare services during the Spanish Civil War, and many of the international medical experts who volunteered during the conflict went on to work serve with Allied armies during the Second World War.⁷⁸ At the end of the conflict 1945, many of those serving in Allied military medical services were asked to immediately transfer their efforts to providing civilian relief through the United Nations Relief and Rehabilitation Administration (UNRRA).⁷⁹ Franco's Spain was unusual in the extent of military involvement in its health system and medical profession, and in the absence of the kind of civilian humanitarian sector which developed in many western states after the Second World War, but ultimately reflected the entangled relationship between military medicine and international health during the middle of the twentieth-century.

⁷⁸ Gabriel Pretus, *Humanitarian Relief in the Spanish Civil War, 1936-1939* (Lewiston: The Edwin Mellen Press, 2013); Linda Palfreeman, *Salud!: British Volunteers in the Republican Medical Service during the Spanish Civil War, 1936-1939* (Brighton: Sussex Academic Press, 2012). See also the special issue 'Humanitarianisms in Context: Histories of Non-State Actors, from the Local to the Global', *European Review of History: Revue européenne d'histoire*, 23, 1-2 (2016)

⁷⁹ Jessica Reinisch, 'Introduction: Relief in the Aftermath of War', *Journal of Contemporary History*, 43 (2008), 371-404.

Chapter Three

‘The danger of political connexions for a technical institution’: Spain and the WHO

In May 1951 the Spanish Director General of Health, José Palanca, addressed the Fourth World Health Conference in Geneva. His speech marked Spain’s entry into the WHO, after it had been excluded from the organisation when it was first established in 1946. Addressing the delegates, Palanca was clear as to where the blame for Spain’s exclusion lay:

Spain ardently desired to become a member of the World Health Organization. Our country has never omitted to fulfil its obligations in matters of welfare work, humanitarianism and health on the international level... Today we have been officially admitted to membership. Is it too late? No, there is always time. But however that may be, the delay cannot be imputed to my country. It was not Spain which obscured the question of our international obligations in matters of health and welfare by considerations of political differences, largely of a passing nature.¹

The image Palanca aimed to portray of Franco’s Spain was of a responsible and respectable member of the international community, keen to engage in international collaboration and conscious of its international duties. Rather than representing a repressive and authoritarian remnant of interwar European fascism, as many people outside of Spain believed, he painted the Franco regime as a modern, progressive force, committed to welfare, humanitarianism and social justice. Unjustifiable opposition from the regime’s enemies abroad, he suggested, had helped to obscure the true character of Franco’s Spain, and to deny its rightful position on the world stage.

In reality, however, Spain’s relationship with the WHO was shaped by the complex and shifting position of the Franco regime in the post-war world. Spain’s exclusion in 1946 came in the context of the regime’s political isolation in the immediate aftermath of the Second World War, when it was excluded from the UN and its specialised agencies and subject to a far-reaching diplomatic boycott. Its entry into the WHO in 1951 was achieved in the climate of the emerging Cold War, in which the image of Franco’s Spain rapidly shifted from that of a dangerous fascist state to a reliable anti-communist ally of the West. Although there was genuine enthusiasm for the work of the WHO among many Francoist health experts, including those who had collaborated with Nazi Germany during the Second World War, the Franco regime primarily saw the organisation as a political tool to boost its international reputation and to secure entry into the UN. Exploiting the rhetoric of the ‘universal’ and ‘technical’ nature

¹ *Official Records of the World Health Organization, No. 35: Fourth World Health Assembly, Geneva, 7 to 25 May 1951*, (New York and Geneva: World Health Organization, 1952), 123-24.

of international health, both Francoist diplomats and experts argued that excluding Spain would betray the founding ideals of the WHO and harm the cause of international health.

But the question of Spanish membership had significance far beyond Spain itself. It also played a key role in the early history of the WHO, and in the development of post-war international health more generally. The debate about Spanish membership became a proxy battle not only between supporters and opponents of the Franco regime, but between opposing ‘technical’ and ‘political’ conceptions of the nature of international health. In particular, it pitched those experts who wanted to WHO to be a truly universal organisation against national governments who wanted to restrict membership and retain a distinction between international insiders and outsiders. The decision to exclude Spain marked the victory of the ‘political’ vision of the WHO over those who saw it as a universal and purely ‘technical’ organisation, laying the foundations for the various conflicts over the nature and function of the organisation which would dominate its history during the early stages of the Cold War.²

Using published and unpublished sources from the WHO, the LNHO and the Rockefeller Foundation, alongside records from Spanish and British archives, this chapter will explore Spain’s relationship with the WHO within the context of its post-war international relations, Francoist attitudes towards international health organisations, and the wider history of international health in the 1940s and 1950s. It will begin by tracing the relationship between Francoist experts and liberal international health organisations such as the LNHO and the Rockefeller Foundation during the Second World War, a relationship which remained close despite the widespread ties between Spanish experts and the Axis powers during the same period. It will then examine how the debate over Spanish membership of the WHO played out in 1946, and its position within the wider struggle between international health experts who promoted a universal vision of the new organisation, and national governments which sought to bring it under political control. Finally, it will show how the changing international environment helped to facilitate Spanish entry in 1951, and how Francoist attitudes towards the WHO for the rest of the decade were shaped by political calculations, financial and professional concerns, and the presence of Republican exiles within the organisation.

² John Farley, *Brock Chisholm, the World Health Organization, and the Cold War* (Vancouver: UBC Press, 2008).

International Health Organisations during the Second World War

International health organisations such as the LNHO and the Rockefeller Foundations had played an important role in the development of the Spanish health system prior to the Civil War, and Spanish experts had traditionally been closely involved with organisations such as the OIHP. The work of these organisations was curtailed or substantially disrupted during the course of the Second World War.³ The Allied powers developed internal systems to manage epidemiological intelligence, and public health measures such as vaccination and disease-control programmes were organised by the armed forces. Towards the end of the war, many of these functions were passed to the newly created United Nations Relief and Rehabilitation Service (UNRRA).⁴ A similar process took place amongst the Axis powers and within Nazi-dominated Europe, and, as we have seen, Spanish experts were active participants in the forms of 'Axis internationalism' organised by Nazi Germany. During the same period, however, many Spanish experts, including those working with Nazi Germany, continued to maintain relations with liberal international health organisations such as the Rockefeller Foundation and the LNHO. In part this was a legacy of their pre-war relationships with these organisations. Many leading Francoist health experts had received Rockefeller Fellowships during the 1920s and 1930s and had worked, however reluctantly, with the LNHO. It also reflected a degree of political flexibility in their attitudes towards international health cooperation, willing to accept resources wherever they were available, and hedging their bets in case of an Allied military victory. Despite their efforts, however, Spain's relationship with these international health organisations and their successors in the immediate aftermath of the Second World War was hampered by the Franco regime's political isolation.

This was particularly evident in the case of the Rockefeller Foundation. The International Health Division of the Rockefeller Foundation had decided to suspend all work in Spain at the outset of the Civil War in 1936, and did not participate in any relief efforts.⁵ In August 1938 the Foundation's representative in the Iberian Peninsula produced a report calling for the International Health Division to re-establish its work in Spain. Although acknowledging the repressive policies pursued by Francoist authorities, it presented the Franco regime as a moderating force holding back extremists within both the Falange and the Carlists, many of whom were hostile towards the Foundation because of its relationship with the US

³ Iris Borowy, 'Manoeuvring for Space: International Health Work of the League of Nations during World War II', in Susan Gross Solomon, Lion Murard and Patrick Zylberman (eds.), *Shifting Boundaries of Public Health: Europe in the Twentieth Century* (Rochester: University of Rochester Press, 2008), 87-113.

⁴ Jessica Reinisch, '"Auntie UNRRA" at the Crossroads', *Past & Present*, 218 (2013), 70-97.

⁵ Esteban Rodríguez Ocaña, 'Por razón de ciencia: la Fundación Rockefeller en España, 1930-1941', in Ricardo Campos Marín, et al. (eds.), *Medicina y poder político: XVI Congreso de la Sociedad Española de Historia de la Medicina* (Madrid: SEHM, 2014), 473-78.

government and perceived links with freemasonry. José Palanca was reported as saying that the regime was keen to accept the Foundation's help, but that, due to sensitivities over its experiences with hostile foreign governments during the war, it wanted to avoid any situation where a formal request for support would be rebuffed. The report also argued that Palanca was working well at the Department of Health and was making efforts to limit the degree of political persecution faced by public health officials.⁶

On the basis of this report the Foundation reinitiated its support in 1940, providing funds for the School of Nursing in Madrid and to purchase equipment and (non-German) medical literature for the National Institute of Health.⁷ The majority of the Foundation's work in Spain was focussed on nutrition and typhus. It had been working to raise awareness of the importance of nutrition in any future global conflict since 1938, and in 1940 had set up a Health Commission to study the issue as part of a wider focus on health activities related to war.⁸ In May 1941 the Commission sent former Rockefeller Fellow William D. Robinson to Madrid to lead a nutritional study in the industrial suburb of Puente de Vallecas in collaboration with the Department of Health and the American Red Cross.⁹ At the same time the Commission also sent John Snyder to Spain to carry out investigations on typhus vaccines following outbreaks in Seville and Madrid.¹⁰ The project involved a donation of over 20,000 doses of vaccine, alongside another 12,500 doses of yellow fever vaccine already donated to the Department of Health for use in Spanish Guinea.¹¹

The Foundation was forced to withdraw from Europe at the end of 1941 following US entry into the war, but continued to communicate with the Department of Health regarding the ongoing results of the nutritional studies, as well as making further donations of typhus vaccine.¹² Despite some concerns about the nature of the Franco regime and the work of the Department of Health, historical links with Spain and the prominent role still played by former Rockefeller Foundation fellows within the Spanish public health system, convinced the Foundation to continue its activities there. Crucially, Spain provided one of the few easily

⁶ Josep Lluís Barona, *Salud, enfermedad y muerte: la sociedad valenciana entre 1833 y 1939* (Valencia: Institucio Alfons el Magnanim, 2002), 359-70.

⁷ Rodríguez Ocaña, 'Por razón de ciencia', 475.

⁸ The Rockefeller Foundation Annual Report 1941, 25-26, <http://www.rockefellerfoundation.org/about-us/annual-reports> (accessed 24 June 2014); Isabel del Cura and Rafael Huertas, 'Public Health and Nutrition After the Spanish Civil War: An Intervention by the Rockefeller Foundation', *American Journal of Public Health*, 99 (2009), 1772-79.

⁹ William D. Robinson, John H. Janney and Francisco Grande, 'An Evaluation of the Nutritional Status of a Population Group in Madrid, Spain, During the Summer of 1941', *The Journal of Nutrition*, 24 (1942), 557-84.

¹⁰ Rodríguez Ocaña, 'Por razón de ciencia', 475.

¹¹ The Rockefeller Foundation Annual Report 1941, p. 72

¹² The Rockefeller Foundation Annual Report 1942, 62-63, <http://www.rockefellerfoundation.org/about-us/annual-reports> (accessed 24 June 2014)

accessible sites, alongside Vichy France, to study issues relating to health activity during wartime. On the Spanish side the same historical links ensured a degree of enthusiasm from within the public health system, despite hostility to the Foundation elsewhere within the regime. Palanca's position as a former Fellow was crucial to this support, as was the enthusiasm of Gerardo Clavero Campo and Florencio Pérez Gallardo, both of whom would receive Rockefeller Fellowships after 1945. Aside from these examples, however, post-war support for Spain from the Foundation was extremely limited. Despite a visit from a senior Health Division official in 1946, the reinstatement of previous programmes was blocked by the US State Department, and from that point on Spain would not be a priority in the Foundation's work.¹³

Spanish experts also maintained contacts with the LNHO throughout the war. While the League of Nations as a whole had almost ceased to exist during the war, the work of the LNHO limped on thanks to the work of a skeleton staff which remained in Geneva. Led by Yves Biraud and Raymond Gautier, they maintained publication of the organisation's epidemiological bulletin and the collection and dissemination of health statistics.¹⁴ Links between Spain and LNHO, previously very close, had been disrupted ever since the start of the Civil War. During the war itself the League had sent a delegation to Spain to report on the health situation, focussing primarily on the Republican zone.¹⁵ In 1939, the Franco regime's newly appointed Director General of Health, José Palanca, had submitted a report to the League on wartime sanitary measures in the rebel zone and the current health situation in Spain.¹⁶ Spanish health authorities provided ongoing, although somewhat sporadic, epidemiological data to the LNHO following the outbreak of the Second World War, and in return continued to receive its quarterly Bulletin. This exchange continued despite the communication difficulties caused by the war, with information sometimes having to be sent through the Spanish diplomatic pouch in Bern when regular postal services were disrupted, and occasionally even coming via the Spanish embassy in New York.¹⁷ Such a level of contact certainly wasn't the norm at the time, with the LNHO ignored by most states within the Axis sphere of influence and increasingly

¹³ Rodríguez Ocaña, 'Por razón de ciencia', 476.

¹⁴ Information on wartime international health in general and the LNHO in particular can be found in Borowy, 'Manoeuvring for Space'.

¹⁵ League of Nations Archive, Geneva, (LONA), 391 (R6021), Committee Meetings, 'Rapport sur la Mission Sanitaire en Espagne, 28 December 1936 – 15 January 1937'.

¹⁶ Josep Lluís Barona and Enrique Perdiguero-Gil, 'Health and The War: Changing Schemes and Health Conditions during the Spanish Civil War', *Dynamis*, 28 (2008), 103-26.

¹⁷ All correspondence held in LONA, Registry Files 1933-1947 Section 8a, Series 224, R6191, Spain folder, 'Epidemiological Information and Government Reports'.

bypassed by the Allies. The organisation had had no contact with Italy or Germany since 1937, whilst even neutral countries like Ireland stopped supplying epidemiological data from 1940.¹⁸

As well as these institutional links, personal relationships were also developed between the LNHO leadership and senior figures within the Spanish Department of Health. José Palanca maintained a regular and cordial correspondence with Yves Biraud during the war, at the same time as he was working closely with Nazi Germany. Biraud, for example, highlighted articles in the LNHO Bulletin which may have been of particular interest and asked Palanca to forward them to particular experts within Spain.¹⁹ Contact was also maintained by Gerardo Clavero Campo, Director of the National Institute of Health in Madrid, and his assistant Florencio Pérez Gallardo, both of whom would play a leading role in post-war links between Spain and the WHO. In 1943 they wrote to Biraud offering a study on typhus for publication in the Bulletin, as well as a report on the effectiveness of the Cox typhus vaccine. Although the offer of the initial study was rejected, both Biraud and his colleague Raymond Gautier spoke positively about the work and were enthusiastic about the report on the Cox vaccine, about which no results had been previously been published.²⁰ Clavero Campo was one of the Spanish experts who had also attended the international tuberculosis conference in Berlin in 1941.

Spanish health authorities also continued to cooperate with other international bodies concerned with epidemiological intelligence and the control of drugs and pharmaceutical products. The OIHP had been forced to move from occupied Paris to Royat in the Vichy zone during the war and faced considerable difficulties in collecting epidemiological data, but Spain was one of the few countries which continued to provide regular information throughout the conflict. José Palanca, who had represented Spain at the OIHP prior to the Civil War, would also attend its final Permanent Committee meeting in April 1946.²¹ Contact was also maintained with the League's Opium Section up until 1942, primarily ongoing discussions regarding the production of opiate-based drugs by a factory in Barcelona.²² Spain also continued to provide regular statistics on the import and export of opiates, as well as annual estimates of likely use, to the Permanent Central Opium Board.²³ A technically-independent body set up under the 1925 Opium Convention, the Board was nonetheless affiliated with the League through which it was required to raise any concerns it had with member states, and remained so throughout the war despite moving from Geneva to Washington. As with the

¹⁸ Information taken from respective country folders in the LONA files listed above.

¹⁹ LONA, Section 8a, 224 (R6191), Spain folder, various correspondence between Palanca and Biraud.

²⁰ LONA, Section 8a, 15197, (R6118), Biraud to Gautier, 22 Mar 1943 and 6 Jun 1943.

²¹ World Health Organization Archive (WHO), 'Records of the *Office International d'Hygiène Publique*', files A64-A64 and T20.

²² LONA, Section 12, Opium Control Commission, 256 (R4785), and 8448 (R4950).

²³ LONA, Section 12a, Opium Central Board, 6046 (R5063), 'Quarterly Statistics on Imports and Exports'.

League's Health Section, such cooperation was not a given at the time, with many states ceasing to provide statistics at the outbreak of war.

None of this represents a large-scale engagement with the League-based international health system. Nonetheless, the fact that Spain was unique amongst the Axis-aligned and neutral states in continuing to work with these liberal organisations, and that Spanish experts were willing to work with both Nazi Germany and the remnants of the League system during the war, suggests an unusually flexible attitude towards international cooperation. In part this may have reflected a degree of bureaucratic inertia, with the Department of Health continuing to work with international organisations for lack of any active reason to stop doing so. During a time of severe economic shortages, the limited financial and material support available from organisations such as the Rockefeller Foundation could have an important impact on the Spanish health system, and the exchange of epidemiological intelligence still had important practical implications at a time when Spain was suffering from epidemics of typhus and rising cases of other infectious diseases. It also, however, reflected the historical links between Francoist health experts and liberal international health organisations. José Palanca was a former Rockefeller Fellow, and spoke warmly about the Rockefeller Foundation and the OIHP in his memoirs.²⁴ Clavero Campo and Pérez Gallardo would both benefit from Rockefeller Fellowships after 1945, and Clavero Campo would be actively involved in the work of the World Health Organisation.

The 'Spanish Question' and the WHO, 1946

During the foundation of the WHO in 1946, many of the key figures involved in drawing up plans for the new organisation and negotiating its constitution were experts who had played a leading role in international health prior to the Second World War. Men such as Ludwik Rajchman, Andrija Stampar, Yves Biraud, Raymond Gautier and Jacques Parisot had all held senior positions within the League of Nations Health Organisation, and would go on to play important roles in the foundation and early years of the WHO. They were proud of the achievements of the League's Health organisation and were keen to ensure its positive features were retained in the post-war era.²⁵ However, they were also keenly aware of the organisation's weaknesses, particularly its position within the wider League of Nations structure which had made it vulnerable to the political divisions which beset the League during

²⁴ José Alberto Palanca, *Medio siglo al servicio de la sanidad pública* (Madrid: Cultura Clásica y Moderna, 1963), 163.

²⁵ Ludwik Rajchman, 'Why not a United Nations health service?', *Free World*, September 1943, pp. 216-221

the 1930s. The fate of the League's health organisation, argued Stampar in 1946, demonstrated 'the danger of political connexions for a technical institution'.²⁶ The only way for the WHO to avoid the same fate, Stampar and his colleagues argued, was to ensure that it was established as 'non-political' body.

Despite the ambitions of these experts, the recent literature on the early years of the WHO has demonstrated the extent to which the organisation was shaped by 'political' forces. Erez Manela and Marcos Cueto, for example, have both demonstrated how the Cold War shaped the early years of the WHO, particularly in the case of its malaria and smallpox eradication programmes.²⁷ Sunil Amrith has examined how the Cold War, colonialism and post-colonialism affected the WHO's work in south Asia.²⁸ The debate around Spanish membership of the WHO which ran from 1946 until 1951 can help to explain how the organisation's early history was so profoundly influenced by the international political environment, and the apparent failure of those health experts who wished to establish the WHO as a 'non-political' organisation. The debate about universal membership, which became a proxy for the question of Spanish participation, reflected a struggle between international health experts and national governments over the nature of the WHO, and the success of the latter in establishing their control over the new organisation.

What did experts like Stampar and Biraud mean when they used the term 'non-political'? The idea of a purely 'technical' field of international health divorced from political forces may seem to us at best naïve, at worst meaningless. For these experts, however, all of whom had considerable experience of dealing with the political dimension of international health, the idea of 'non-political' WHO had a more specific and concrete set of meanings. The first was that, unlike the LNHO's close relationship with the wider League structure, the WHO should maintain its distance from the UN. As Jacques Parisot argued, 'in the light of regrettable past experience, [the WHO] should be sufficiently independent of the latter [the UN] to ensure that the technical organ would not suffer from any vicissitudes which might affect the political body'.²⁹ The second was that membership of the WHO should be universal, to reflect the fact,

²⁶ *Official Records of the World Health Organization, No. 1: Minutes of the Technical Preparatory Committee for the International Health Conference*, (New York and Geneva: World Health Organization, 1947), 58.

²⁷ Marcos Cueto, *Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955-1975* (Baltimore: Johns Hopkins University Press, 2007); Erez Manela, 'A Pox on Your Narrative: Writing Disease Control into Cold War History', *Diplomatic History*, 34 (2010), 299-323.

²⁸ Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-65* (Basingstoke: Palgrave Macmillan, 2006).

²⁹ *Official Records of the World Health Organization, No. 1*, 23.

as Stampar argued that ‘disease knows no boundaries’.³⁰ It was in relation to universal membership that the question of Spain came to play such a crucial role. The debate about universal membership which took place in 1946 concerned, on the one hand, the relationship between the WHO and colonies controlled by Britain and France, and on the other the role of ‘ex-enemy’ countries within the new organisation. In the latter case, the involvement of countries such as Italy and Austria, where democratic governments had been established, was seen as fairly unproblematic. Japan and Germany, it was generally accepted, would be admitted once new governments emerged under the tutelage of the Allied Control Councils. The case of Spain, however, was more complicated.

The process leading up to the foundation of the WHO coincided with the height of the so-called ‘Spanish Question’ at the UN.³¹ By 1945 the continuing existence of the Franco regime appeared to hang in the balance. The role of Fascist Italy and Nazi Germany in advancing the Francoist cause during the Spanish Civil War, and the support of Franco’s Spain for the Axis powers during the early years of the Second World War, called into question the regime’s post-war future. The Soviet Union was a strong advocate of Allied intervention to remove the regime. Britain, France and the United States, although hostile to the Francoist state, were fearful that military intervention would re-kindle a civil war, and increasingly, that it would open the door to Soviet influence in the Iberian Peninsula. Efforts to topple the regime, therefore, soon shifted towards the diplomatic stage. The San Francisco conference called to draw up a constitution for the United Nations in 1945 witnessed fierce debates about the Francoist state. In December 1946 the Security Council voted to bar Spain from membership in the UN, and by 1947 most countries had severed diplomatic ties with the regime.

The ‘Spanish Question’ had a profound influence over the WHO’s universal membership debate in 1946. Following a complex series of negotiations at the UN’s Economic and Social Council (ECOSOC) and the WHO’s Technical Preparatory Committee (TPC), Spain was denied entry to the organisation at the International Health Conference held between June and July. This decision was reinforced by the Security Council’s resolution in December, which specifically barred Spain from joining any of the UN specialized agencies. However, the changing political landscape meant that the diplomatic isolation of the Franco regime was gradually eroded during the late 1940s. It was eventually admitted to the WHO in 1951, going on to gain full UN membership in 1955.

³⁰ Ibid., 58.

³¹ Florentino Portero, *Franco aislado: la cuestión española, 1945-1950* (Madrid: Aguilar, 1989).

Three main factors shaped the initial decision to exclude Spain in 1946, and to grant entry in 1951. The first was the disintegrating relationship between the Soviet Union and the western Allies which overshadowed the formation of the WHO, and which would go on to have such a profound effect on its early history. The second was the work of the Franco regime in lobbying for membership of the WHO and its success in exploiting diplomatic alliances and the rhetoric of 'technical' and 'non-political' international health. The third, and perhaps most crucial, was the limited ability of health experts to influence the structure and make-up of the WHO in the face of national governments and their representatives. These three factors help to explain how the early history of the WHO came to be dominated by international political conflict.

The debate about Spanish membership of the WHO played out during the complex series of committees, conferences and negotiations that led up to the creation of the new constitution in July 1946. Plans for a new international health body had emerged from various sources during the Second World War, promoted in part by senior LNHO figures such as Raymond Gautier who travelled to both Washington and London in 1943 to discuss plans with Allied governments.³² The process which eventually led to the formation of the WHO formally began with a call at the San Francisco conference in 1945 to establish a new international health organisation. The first indications of the role the 'Spanish Question' would play came in February 1946 when the UN's Economic and Social Council (ECOSOC), acting on the resolution passed at San Francisco, drew up plans to call a conference in June to set up the new organisation. ECOSOC was responsible for coordinating all of the UN's economic and social work which would eventually be carried out by the various specialized agencies, and was made up of government representatives from UN member states. The nature of the Council's work meant that a number of the delegates had an international health background and had been involved in the wider debates about the proposed health body. The Council's Vice-Chairman was the Yugoslav delegate Andrija Stampar who had played a major role in the LNHO and would later be the President of the first World Health Assembly, whilst the Chinese delegate on the Council was Szeming Sze who would go on to be a senior official at the WHO. In the initial discussions that took place in the Council in February there was general agreement that the new organisation should avoid any political or racial discrimination, and although proposed as a specialised agency, that it should remain sufficiently distant from the UN's political activities to ensure the participation of neutral and 'ex-enemy' states, including Spain.³³

³² LONA, Section 8a, 15197 (R6118), Missions of Members of the Health Section, Yves Biraud, 'Report on a Mission to Washington and London', 20 Feb 1946.

³³ Ibid.

ECOSOC convened a Technical Preparatory Committee (TPC) to carry out the necessary preparations and draw up a draft constitution to present to the June conference. Unlike ECOSOC, the TPC was made up of sixteen public health experts officially serving in a personal capacity rather than as representatives of their governments, many of whom had extensive experience of international health through pre-war work with the LNHO, OIHP or the Rockefeller Foundation.³⁴ However, the majority were also senior figures within their respective national health departments and were therefore acutely aware of the political context of their deliberations. As with the discussions in ECOSOC, there was widespread agreement that the new organisation should be 'non-political', and that membership should therefore be universal. However, behind this general agreement lay a range of arguments which motivated different delegates to varying degrees. The principal and least controversial argument for universal membership was an epidemiological one, upon which all of the committee members agreed. As numerous delegates pointed out, disease knows no borders, and the increase in international transport and communication that had resulted from technological advances during the war would make it even easier for diseases to spread in the post-war world. As it was proposed that the new organisation would take over responsibility for epidemiological control from the OIHP, UNRRA and the LNHO, universal membership would be vital if it was to be able to carry out these functions adequately. And as the British Ministry of Health observed in response to the committee's proposals, the Spanish and Portuguese empires were particularly crucial from an epidemiological point of view.³⁵

There were also other, less technical arguments advanced in favour of universal membership. A number of committee members argued for the principle of universal participation on the grounds that the organisation needed to remain politically-neutral and that no political considerations should therefore be allowed to affect questions of membership. Amongst the people advancing this argument were those such as Andrija Stampar who had been most closely involved in the LNHO, and who had first-hand experience of the problems political affiliation could cause. 'The non-political character of the Health Organization', wrote Stampar in his submission on the proposed constitution 'might facilitate its task – particularly in times of international crisis. The weakening of the Health Organization of the League of Nations by the loss of political power of the League shows the danger of political connexions for a technical institution.'³⁶ This argument also appealed to those functionalists who saw technical

³⁴ *Official Records of the World Health Organization, No. 1*, 5-6.

³⁵ The National Archives (TNA), FO 371/57073, 'Note by the Ministry of Health on draft constitutional proposals of the Technical Preparatory Committee', May 1946.

³⁶ *Official Records of the World Health Organization, No. 1*, 58.

cooperation as a stepping stone to the wider political cooperation which they felt would secure international peace in the future.³⁷

The principle of universality was also supported by the so-called ‘visionaries’ on the committee who saw the role of the new organisation as extending beyond the control of epidemics, encompassing instead a holistic approach which would bring people together and help to tackle a range of human ills. Brock Chisholm, Canada’s Deputy Minister of Health, argued that the world was sick and that it was the responsibility of the committee to forge an organisation ‘to bring all the people in the world together in the service of physical, social and emotional health’.³⁸ These sentiments also fed into the debate about the name of the new organisation, with Chisholm proposing the title of World Health Organization to show that ‘unlike other bodies, the Organization would be even more than international’.³⁹ The Chinese representative Szeming Sze felt that the word ‘international’ had been suitable when proposed at the original San Francisco conference, but that since then the dropping of the atomic bomb had thrust the world into a new era of interconnectedness, and the name of the new organisation should reflect the arrival of the ‘new world age’.⁴⁰ For those who saw international health as the foundation stone for a new era of international harmony and cooperation, there was no question of compromising the principle of universal membership for short-term political considerations.

However, this widespread support for a ‘non-political’ organisation with universal membership was tempered by an awareness of the political difficulties of admitting all states immediately, particularly in the case of Spain. The constitutional proposals submitted by the British, US and French delegations reflected these concerns, despite their overarching support for the principle of universality. In the official UK proposal, for example, there was an emphasis on the link between the WHO and the United Nations rather than on the uniqueness of a global health body. While conceding that it was desirable on technical grounds that as many countries should be brought on board as soon as possible, it went no further than proposing that ‘the door should be left open so that, *as soon as political considerations permit*, nations may become members’⁴¹ (my italics). The proposals had been drawn up by a committee consisting primarily of Department of Health and Foreign Office officials, with the ambivalent tone reflecting some of the tensions between the two groups. The French and US submissions

³⁷ David Mitrany, *A Working Peace System: An Argument for the Functional Development of International Organization* (London: National Peace Council, 1946).

³⁸ *Official Records of the World Health Organization*, No. 1, 13.

³⁹ *Ibid.*, 17.

⁴⁰ *Ibid.*, 19.

⁴¹ *Ibid.*, 42.

had been drafted in a similar fashion and took a similar line in proposing that new members should be admitted, not simply in virtue of signing up to the WHO constitution as had been proposed by some members of the committee, but with the agreement of two-thirds of the future World Health Assembly.⁴²

These divergent views led to significant disagreement within the TPC about the nature of the new organisation's universality and the exact criteria for admitting new members. In the background of this debate was the concern about the future participation of the USSR in the new organisation. The Soviets had not sent a delegate to the TPC and Britain in particular was worried this could prefigure a future lack of engagement.⁴³ The Soviet Union had been the state most opposed to Spanish participation in other international technical bodies established or re-established since the war and had refused to participate in the Provisional International Civil Aviation Organisation (PICAO), a body also interested in epidemiological control, because Spain had been admitted.⁴⁴ There were fears that a similar situation would occur with the WHO if Spanish membership was promoted too vigorously.

Ultimately, the committee was unable to reconcile these differing approaches. Article four of its proposed constitution reflected the technical and ideological desire for universality by stating that membership of the new organisation would be open to all states. However, a clause was added providing for membership to be suspended in certain circumstances, which it was hoped would calm fears about potential political embarrassment caused by the entry of non-UN members. No agreement could be reached regarding the specific question of membership criteria, and the issue was referred for resolution to the June conference. Given that the TPC was the one point in the negotiations where the traditional international health leadership were in a majority, their failure to fully enshrine the principle of universal membership was a significant early setback.

The next stage of the negotiations took place at the second meeting of the ECOSOC session beginning on May 27th, which debated the proposed constitution drawn up by the TPC and finalised the arrangements for the June conference.⁴⁵ The debate on membership was approached slightly differently here than it had been at the TPC. Although a number of delegates, including Andrija Stampar and Szeming Sze, had been involved in the TPC negotiations, here they were acting as formal representatives of their governments rather than as independent experts, whilst many delegates, such as the UK's Phillip Gore-Booth, came

⁴² Ibid., 46-53.

⁴³ TNA: FO 371/57071, 'Foreign Office preparations for International Health Conference', Feb 1946.

⁴⁴ TNA: FO 371/60453, 'Attendance of Spain at International Conferences', Jul 1946.

⁴⁵ *Official Records Economic and Social Council: First Year, Second Session, 25 May - 21 June 1946*, (New York: United Nations, 1946).

from within their respective countries' foreign ministries, rather than from health or social departments. Crucially, there were also delegates present from the Soviet Union and Ukraine, neither of whom had been represented at the TPC.

The different perspectives brought by these delegates were reflected in the greater emphasis on the political difficulties posed by universal membership. The Canadian delegate Brooke Claxton felt that 'certain difficulties might be encountered' in trying to put the principle of universal membership into practice, while the French delegate Alexandre Parodi argued that 'some States were not Members of the United Nations because they did not conform to its principles or because they had violated those principles', and that 'such States should not become members of the new organization'.⁴⁶ The Committee recommended that as well as including a clause in the constitution allowing for member states to be suspended, membership questions should ultimately be regulated by the WHO's relationship with the UN.⁴⁷ As Phillip Gore-Booth reported to the British Foreign Office, this agreement was designed to ensure that national governments could use ECOSOC to block states such as Franco's Spain where there were 'overriding political objections' to membership.⁴⁸ ECOSOC also faced the question of exactly which states should be invited to the June conference, the first practical application of the previously theoretical membership debate. While all UN member states would clearly be invited alongside non-controversial neutral countries such as Sweden, the debate centred round the question of how 'ex-enemy' countries should be represented.⁴⁹ With British support, it was agreed that the Italian and Austrian governments should be invited on the grounds that they would soon be directly responsible for public health within their borders. Germany and Japan were not invited on the grounds that they would be represented by members of their respective Allied Control Councils. The only major state not invited in any capacity was Spain, a decision which was later to prove crucial given that the final version of the constitution would grant automatic membership rights to all states who had been represented there. This moment therefore represented a second major setback for those supporters of universal membership.

The defeat had its roots in both the opposition of the Soviet Union and the composition of ECOSOC. In contrast to the familiarly internationalist atmosphere amongst the experts of the TPC, at ECOSOC political influences were felt more strongly. Melville Mackenzie, a member of

⁴⁶ Ibid., 17-19.

⁴⁷ Ibid., 345.

⁴⁸ TNA: FO 371/59613, 'Note on Remaining Items of Business at Health Committee', Phillip Gore Booth, 6 Jun 1946

⁴⁹ TNA: FO 371/59615, 'Summary Record of the Drafting Committee of the Economic and Social Council', June 1946

the British delegations at all stages of the process and veteran of the international health scene, told his wife that there was 'great solemnity and Foreign Office atmosphere' at ECOSOC in comparison to the 'family life at the TPC'.⁵⁰ The Chinese representative Szeming Sze highlighted the contrast between the TPC and the 'strictly political' atmosphere at ECOSOC, and also described how Andrija Stampar was forced to vote against a resolution at ECOSOC which he had himself previously agreed to second, because as the representative of the Yugoslav government he was required to vote in line with the Soviets who opposed the motion.⁵¹ Sze's memoirs also highlight the importance of the Soviet Union at this stage of the negotiations. Soviet health experts, he argued, were unable to make any decisions without deferring to the political commissars on the delegation, who were 'highly suspicious of the motives of all things Western' and were themselves required to refer issues to Moscow.⁵² He felt that this attitude was the primary barrier to the efforts made by himself and his colleagues to build 'what we hoped would be a non-controversial technical organization', and complained that Western powers bent over backwards to accommodate Soviet objections.⁵³

The International Health Conference began in New York on 19th June. In the words of Melville Mackenzie it was 'by far the largest International Health Conference ever held – between 300 and 400 delegates from every country in the world (including all ex-enemy countries) with the single exception of Spain'.⁵⁴ Delegations were made up of ministers and senior officials from national health departments, often with representation from their respective foreign ministries. Whilst the majority of delegates were therefore 'medical men', they did not always share the ideals and outlook of the experienced international health administrators who had dominated the TPC. As with ECOSOC, this again meant that the political implications of the Spanish membership debate would continue to play a prominent role in discussions and would prove to be one of the main areas of disagreement at the conference. The first stage of the debate took place at the Legal Committee, which after disagreements between the US and Latin American states on the one hand, and the Soviet Union and Eastern European states on the other, proposed compromise proposals which would restrict membership to those states represented at the conference unless a two-thirds majority of the World Health Assembly

⁵⁰ Wellcome Library Archives and Manuscripts (WLA), Melville Mackenzie Papers, PP/MDM/B/17, letter dated 2 May 1946.

⁵¹ Szeming Sze, *The Origins of the World Health Organization: A Personal Memoir, 1945-1948* (Boca Raton: L.I.S.Z. Publications, 1982), 10.

⁵² *Ibid.*, 11-12.

⁵³ *Ibid.*

⁵⁴ WLA, PP/MDM/B/17, letter dated 9 Jun 1946.

voted to admit them.⁵⁵ After this agreement there then followed a two week delay before the proposals were due to be considered and agreed by the full plenary session.

Despite not being present at the conference, the Spanish government used the US proposals as a springboard for their own diplomatic efforts to lobby for membership. On 6 July the Spanish Ministry of Foreign Affairs instructed all its ambassadors to discuss the issue with their respective governments and to request support for Spanish membership.⁵⁶ The regime was able to exploit the language of universal health and internationalism used by the health 'visionaries' and their supporters to further its case. In his submission to the UK government two days later, for example, the Spanish ambassador in London declared that Spain was 'always desirous of collaboration in any peaceful international organisation, particularly when of a humanitarian character'.⁵⁷ This intervention was made firmly within the context of the wider 'Spanish Question', coming only days after the Security Council had discussed the Franco regime's threat to world peace. For the Spanish government, participation on the international stage via technical or cultural events and bodies was a way of demonstrating Spain's commitment to international collaboration and cooperation. Over the previous fortnight the Ministry of Foreign Affairs had been heavily publicising three international legal and academic conferences which had recently been held in Spain as evidence that it remained a respectable and moderate member of the international community.⁵⁸ The technical nature of the WHO's work, combined with the obvious support from the US and Latin American states, provided Spanish authorities with an opportunity to lobby for membership. Gaining entry to a major UN body such as the WHO, one of the first of the specialised agencies to be established, would have represented a major diplomatic coup at a very dangerous time for the Franco regime.

The issue of Spanish involvement in international technical activities was an active question within international diplomatic circles during 1946 and was seen by both Spanish and Allied governments as very much part of the wider Spanish Question. This coloured reactions to Spain's lobbying efforts. The plea to the UK government made by the Spanish Ambassador in London was met with a brusque response, with the explicit message that any support in regards to the WHO would be conditional on greater political cooperation, particularly in the return of Nazi assets and individuals then based in Spain.⁵⁹ Throughout the summer of 1946

⁵⁵ *Official Records of the World Health Organization, No. 2: Summary Report on Proceedings, Minutes and Final Acts of the International Health Conference held in New York from 19 June to 22 July 1946*, (New York and Geneva: World Health Organization, 1948), 18.

⁵⁶ AGA, (10)91 54/11850, Ministerio de Asuntos Exteriores (MAE) Circular 145, 6 Jul 1946.

⁵⁷ TNA: FO 371/59615, Memorandum from Spanish Embassy in London, 8 Jul 1946.

⁵⁸ AGA, (10)91 54/11850, telegram from MAE to Caracas Embassy dated 26 June.

⁵⁹ TNA: FO 371/60453, 'Attendance of Spain at International Conferences: Conversation with the Marques de Santa Cruz', Jul 1946.

the British Foreign Office had discussed the question of whether Spain should be invited to a range of international technical events and bodies, including health, meteorological and shipping conferences.⁶⁰ Although the technical merits of Spanish participation in these activities was clear, political considerations were also given significant weight in the discussions, especially when it was thought that Spanish participation could lead to Soviet withdrawal.

The results of Spanish diplomatic efforts were evident in the vocal support Spanish membership received as soon as the plenary session of the conference was convened two weeks later. The issue was first raised by the Argentine representative, who in the debate about the name of the new organisation, asked for it to be placed on record that his government had requested that Spain be admitted. Adopting the discourse of the conference 'visionaries', he argued that all human beings had a right to health and well-being regardless of race, religion or political belief, and appealed to the spirit of the word 'World' in the organisation's proposed title. He also cited the historical relationship between the two nations, and the fact that Argentina 'owed to Spain its language, culture and religion...and the work of [its] sons who forged the Argentine nation', reflecting the efficacy of the Franco regime in exploiting ties of *Hispanidad* and cultural links with Latin America.⁶¹ The Chilean delegate proposed looser criteria for admitting members, while the Paraguayan representative, describing the exclusion of states as 'suicidal', argued that membership be based solely on a state's signature of the constitution which would have made Spanish membership a mere formality. Even countries politically hostile to the regime supported these pro-Spanish motions. The Venezuelan government, for example, had been a long-standing opponent of Franco, but its delegate argued in New York that 'whatever ideologies a country might hold, the world from the point of view of health was indivisible'.⁶²

On the other side, the Soviet Union and its allies continued to forcefully oppose the idea of Spanish membership. The delegate from the USSR asked why the countries advocating change were not also applying their argument to Japan and Germany. The Byelorussian representative raised the spectre of Spain's involvement with the Nazi war effort on the Eastern Front. 'One could not forget', he told delegates, 'the bloody activities of the Fascist Blueshirt Division sent by Spain into Byelorussia during the Second World War to help the Hitlerite army, nor that those troops were real participants in the war against peaceful countries and that they came to destroy the towns and villages of Byelorussia and to murder little children, together with

⁶⁰ TNA: FO 371/60453, 'Attendance of Spain at International Conferences', Jul 1946.

⁶¹ *Official Records of the World Health Organization*, No. 2, 48.

⁶² *Ibid.*, p. 70

their fathers and their mothers'.⁶³ The vast majority of intervention concerning membership rules specifically cited the case of Spain, to the extent that the head of the Legal Committee felt compelled to remind the assembly that it was not the case, as some delegates seemed to think, that the membership rules would affect only one country.⁶⁴

The debate ended without any clear agreement. Spain was not admitted, but membership rules were agreed which would have made it relatively easy for Spain to gain membership with the support of US, Latin American and other western states. However, the conference had also agreed that the WHO would be constituted as a specialised agency with significant levels of oversight granted to the UN. When the General Assembly passed its resolution on Spain in December 1946 it explicitly excluded the Franco regime from any UN specialised agencies and technical bodies, meaning that Spanish membership would be impossible while the resolution was in force. From that point on it would be another five years before Spain was able to join the WHO.

The refusal to admit Spain represented an early defeat for the leaders of the pre-war international health movement and the international health 'visionaries' who had hoped to forge a universal body free from political ties and interference. The root of their defeat lay in the structure of the decision-making process during the constitutional negotiations. Their influence was at its height during the TPC, which was made up solely of experienced health experts officially acting in a professional capacity. It was here that support for universal membership and the voice of the visionaries was at its strongest. However, even at this stage political constraints were felt through the positions that many of the delegates held at senior levels of their national health administrations and the various plans submitted by the British, US and French governments. At ECOSOC and the International Health Conference their influence would be weaker still. Ultimately the final say on Spanish membership in 1946 came not from any powers within the WHO or the international health community, but from the UN General Assembly and the national governments represented there. For those who hoped that the post-war era would provide an opportunity to learn from the mistakes of the League and develop a genuinely apolitical sphere in which international health could flourish, the case of Spain provided an early wake up call. Indeed, the debate over Spanish membership highlighted the continuities between the pre-war League hamstrung by issues related to US, Soviet and German participation, and a post-war WHO whose effectiveness would be significantly undermined by the political divisions of the Cold War.

⁶³ Ibid.

⁶⁴ *Official Records of the World Health Organization, No. 2*, 69.

Spanish Membership of the WHO, 1951-1959

If wider political conditions and the influence of national governments had blocked Spanish membership in 1946, they also paved the way for Spain's entry into the WHO in 1951. There were two crucial developments in the intervening years which enabled this to happen. The first was the withdrawal of the Soviet Union and the majority of the eastern bloc allies from the WHO between 1949 and 1950. The reasons given for Soviet withdrawal were unhappiness at the way the organisation was being run and the high costs involved, although it was part of a general Soviet disengagement from UN economic and social activities after the emergence of the Cold War.⁶⁵ These changes meant that the main source of opposition to Spanish membership within the WHO had been removed, and between 1950 and the 1955, when the eastern bloc countries began to return, the US and its allies held a dominant position.⁶⁶ The path for Spanish entry would therefore be much smoother within the WHO once external conditions permitted.

Those external conditions changed quickly in the years following the crucial General Assembly resolution of 1946. The Franco regime's diplomatic fortunes had slowly begun to turn from 1947. Increasing tensions between the West and the USSR, and the emergence of the Truman doctrine in March 1947, buttressed Franco's portrayal of his government as an anti-communist ally in the emerging Cold War. Over the course of 1947 the US re-evaluated the strategic importance of the Iberian Peninsula in any coming conflict with the USSR, and increasingly came to see the Franco regime as an important bulwark against communism in southern Europe. France reopened its border with Spain in February 1948, whilst in Britain the cross-party consensus against the Franco regime crumbled as an increasing number of Conservatives began to call for a normalization of relations. Although the UN General Assembly reaffirmed its 1946 resolution in November 1947, the mood was turning in favour of the Franco regime as more and more countries, particularly in Latin America, began to re-establish diplomatic ties with Spain. The Korean War was the final nail in the coffin of the international anti-Franco consensus.⁶⁷

The second development on the road to Spanish membership occurred in November 1950, when a proposal put forward by a coalition of Latin American countries to overturn the 1946

⁶⁵ Javed Siddiqi, *World Health and World Politics: The World Health Organization and the UN system* (London: Hurst, 1995), 106.

⁶⁶ *Ibid.*, 35. The US and Latin American states in particular tended to vote as a bloc within the WHO, partly as a result of their shared history of public health cooperation through the Pan-American Sanitary Bureau. Prior to the entry of a large number of post-colonial African and Asian states during the 1950s and 1960s, they were usually able to win a majority of votes at the World Health Assemblies.

⁶⁷ Portero, *Franco aislado*.

ruling was passed in the UN General Assembly. This decision, whilst not granting Spain membership to the UN as a whole, specifically lifted the ban on Spanish membership of UN specialised agencies and affiliated bodies. 'The specialized agencies of the United Nations', the resolution read, 'are technical and largely non-political in character and have been established in order to benefit the people of all nations, and therefore, they should be free to decide for themselves whether the participation of Spain in their activities is desirable and in the interest of their work.'⁶⁸ In the same way that the Franco regime had exploited the rhetoric of international health and technical cooperation in 1946, its supporters were now using it as a stepping stone to full international rehabilitation.

Negotiations over Spain's entry to the WHO began immediately, and Spanish enthusiasm was reflected in the speed with which they responded to the General Assembly resolution of November 1950. The first enquiry about applying for membership arrived at the WHO on 7 February 1951, and the full application for membership was submitted by 5 April.⁶⁹ The WHO was the first specialised agency that Spain moved actively to join following the General Assembly resolution.⁷⁰ Membership was granted relatively easily at the Fourth World Health Assembly in May. In the absence of the Soviet Union and most of the Eastern European states, opposition was limited to Mexico, whose government had retained its resolutely anti-Francoist stance.⁷¹ Tellingly, the decision to admit Spain came at the same time as membership was granted to West Germany and Japan. Both countries had spent the previous six years emerging from the devastation of war, initially under Allied tutelage, and had to a certain extent been forced to confront their past actions and to undergo a process of denazification or purging of war criminals. Both had held free elections and formed governments under new, liberal democratic constitutions, and were firmly on the road to international rehabilitation within the US sphere of influence. Spain, obviously, had not undergone any similar process. The fact that these countries were all in a similar position in terms of entry into the WHO and other UN technical institutions highlights the extent to which the Franco regime had managed to gain acceptance from the US and its allies in particular, and from international opinion more generally.

Despite their initial absence from the organisation, senior figures within both the Spanish Department of Health and the Ministry of Foreign Affairs retained a positive view of WHO, which helped to explain Spain's immediate request for membership in 1951. Chief amongst

⁶⁸ WHOA, First Generation CC-4-3, 'Resolution adopted by the General Assembly at its 204th plenary meeting', 4 Nov 1950

⁶⁹ WHOA, First Generation, OD 14, Correspondence regarding UN relations with Spain.

⁷⁰ WHOA, First Generation, L 2/3, Spanish Ratification.

⁷¹ *Official Records of the World Health Organization*, No. 35.

them was Gerardo Clavero Campo, Director of the National School of Public Health and later to be Spain's lead delegate at the WHO, who was the only expert within Spain to have any kind of relationship with the organisation prior to 1951. He was the chief advocate for international health activity in Spain during this period of isolation, writing a regular column on international health from 1948 in *Ser*, the official journal of the Falange's National Health Delegation, profiling various WHO programmes. He was the only non-exiled Spaniard to attend any kind of WHO conference before 1951 when his participation in the International Malaria Conference held in Washington in 1948 secured him an invitation to a WHO sponsored meeting of malariologists at the US State Department.⁷² Prior to the Fourth World Health Assembly in 1951, he also attended a WHO conference on revised international sanitary conventions as an observer, alongside representatives from West Germany.⁷³ Within the Ministry of Foreign Affairs, Spain's consular representative in Geneva was sceptical about the grand claims to universal happiness and well-being made in the WHO constitution, but admired its 'efficient' disease control campaigns and spoke positively about the material benefits membership would bring to the Spanish health system.⁷⁴

The question of economic costs and benefits was central to the Franco regime's attitude towards the WHO, as it was in the case of other international organisations. Membership of all of the UN specialised agencies required an annual payments in dollars, a significant commitment for the regime which was still under great financial strain in the early 1950s. The Ministry of Foreign Affairs was concerned about the fees required by the WHO, \$77,000 in 1951 and \$93,000 in 1952, and Spain quickly fell into arrears on its payments.⁷⁵ In return however, Spain received an equal, if not greater degree of financial support from the WHO to put towards its health services. For the Department of Health therefore, the WHO provided a valuable source of hard currency to pay for pharmaceutical supplies, training courses and scientific publications which it could not otherwise afford to buy on the open market. In 1952 José Palanca wrote to the Minister of Foreign Affairs, Martín Artajo, urging him to approve the payments to the WHO, arguing that Spain's health system was a net beneficiary of the

⁷² *Official Records of the World Health Organization, No. 11: Reports of the Expert Committees and other Advisory Bodies to the Interim Commission*, (New York and Geneva: World Health Organization, 1948), 44 and 60.

⁷³ *Ser*, 88 (1951), 7-9.

⁷⁴ AGA, 82/09200, 'Información General sobre Agencias Especializadas de la O.N.U, 1949-53', Álvaro de Aguilar to MAE, 6 Nov 1950.

⁷⁵ AGA, 82/09200, 'Cuotas en General de España con Agencias Especializadas y Otros Organismos Internacionales'.

organisation, and that its late payments were placing Spain in a 'position of inferiority' within the WHO.⁷⁶

The immediate practical benefits of Spanish membership were indeed considerable.⁷⁷ In particular, WHO membership enabled Spain to benefit from the UN's new Technical Assistance Programme which had been established in 1949. The forerunner to the UN Development Programme, it funded development projects in specific countries from voluntary contributions made by UN member states. José Palanca signed a Technical Assistance agreement with the WHO in January 1952, only the third European country to do so after Turkey and Yugoslavia.⁷⁸ Over the following four years the WHO would establish four major Technical Assistance programmes in Spain, focussing on zoonoses (human to animal communicable diseases), venereal diseases, communicable eye diseases and maternal and infant health. Spain also received considerable levels of support via WHO fellowship programmes during the 1950s. Partly financed by the Technical Assistance programmes, between 1953 and 1956 it received considerably higher numbers of fellowship awards than Italy and other comparable countries, including individual study fellowships for extended periods abroad and group study fellowships for attendance at international training courses and conferences.⁷⁹ These programmes were complimented by agreements with UNICEF on infant welfare projects, many of which were connected with infant and maternal health and were carried out in conjunction with the WHO. The Executive Director of UNICEF, Maurice Pate, first visited Spain in 1954 alongside the Deputy Executive Director of Programmes, Charles Egger. Following their conversations with various government agencies, Spain signed a formal agreement concerning UNICEF activity in Spain in May 1954, and continued to receive funding throughout the 1950s.⁸⁰

For Spanish health experts, these material benefits were matched by increasing international prestige and visibility for the Spanish medical profession, as well as access to professional opportunities within the WHO. For the first four years of membership no major WHO training courses were organised in Spain, suggesting both a dearth of suitable expertise within the country and a lack of awareness of the strengths of Spanish healthcare among WHO officials,

⁷⁶ AGA, 82/09200, 'Cuotas en General de España con Agencias Especializadas y Otros Organismos Internacionales', Palanca to Artajo, 11 Dec 1952.

⁷⁷ Unless otherwise stated, the information in this section comes, from the Annual Reports of the Director-General to the World Health Assembly of the United Nations, published in the *Official Records of the WHO* numbers 16, 24, 30, 38, 45, 51, 59, 67, 75, 82, 90, 98 and 105, and covering the period from 1948 to 1960.

⁷⁸ *Official Records of the World Health Organization, No. 45: The Work of the WHO in 1952*, (New York and Geneva: World Health Organization, 1953), 108.

⁷⁹ In 1954, as an example, Spanish experts received 54 WHO fellowships compared to 32 awarded to Italian experts, who prior to 1952 had received consistently higher numbers.

⁸⁰ J. Bosch Marin and M. Blanco-Otero, *U.N.I.C.E.F.* (Madrid: Dirección General de la Sanidad, 1955), 15-25.

not surprising given the country's extended absence from the international stage. From 1955 however, Spain began to host major international conferences and postgraduate courses, as well as individual WHO fellowship-holders who wished to study in the country. The subjects most commonly studied in Spain were those covered by Technical Assistance programmes, notably communicable eye diseases, but also venereal diseases and infant health, suggesting that the programmes were both helping to develop expertise within Spain, and bringing this expertise to the attention of international health authorities. Spanish experts were also invited to sit on WHO expert committees. These committees were at the centre of the organisation's work, with members nominated by committee chairmen and approved by the Director General, in theory at least based solely on professional competence and reputation with no consideration of national or political representation. Official publications do not provide comprehensive data on expert committee membership by nationality, but we do know that by 1956 there were 13 Spanish experts sitting on expert committees.⁸¹

Although financial, technical and professional concerns played an important role in Spain's engagement with the WHO during the 1950s, the Franco regime primarily saw the organisation in political terms. A report by the Ministry of Foreign Affairs on the WHO and the other UN specialised agencies written in 1952 summarised this attitude:

It is important to highlight that, apart from the importance of the work of these Organizations and Associations in and of themselves, whatever their specific activity may be, in all of them, and particularly in the regular conferences they organise, an international political dimension dominates. Every country monitors and cultivates this political dimension, trying to exploit it for their own diplomatic and propaganda purposes. There are innumerable instances in which this political activity takes place, the principle ones being: the election of senior officials, the choice of sites to establish the headquarters of organizations or to celebrate their meetings, and, in general, the intrigues, electoral campaigns and influence peddling between different countries or the ethnic, political or religious blocs they form, in which, on the margins of the innocuous technical or administrative discussions on the daily agenda, governments seek to buttress their prestige and improve their international standing, winning new friendships or consolidating old ones, all the while hindering or undermining the efforts of their enemies.⁸²

The regime did not deny or disregard the importance of international health and other forms of technical cooperation on their own terms, but saw them within an overtly Machiavellian light, in which 'technical' activities could be used as cover for political manoeuvring. During a

⁸¹ Manuel Bermudez Pareja, *Sanidad internacional: Organización Mundial de la Salud* (Madrid: Dirección General de Sanidad, 1956), 89.

⁸² AGA, 82/09200, Organismos Políticos Internacionales, 'Cuotas en General de España con Agencias Especializadas y Otros Organismos Internacionales, 1952-53', 7 Jun 1952.

period of diplomatic isolation and international hostility, these technical organisations provided a vital forum for Spain to further its interests and promote its image on the international stage. The UN specialised agencies, whose technical nature made Spanish participation less controversial than in the more overtly political context of the UN, provided a pathway to full UN membership, which was finally achieved in 1955.

The attitude of both the regime and of Francoist experts was also influenced by the involvement of Spanish Republican exiles in the work of the WHO. Chief among them was Marcelino Pascua, the only Spaniard to hold a senior position within the organisation during the 1940s and 1950s. One of Spain's leading health experts during the interwar period, Pascua had served as Director General of Health under the Second Republic. He had also served as a socialist deputy in the Cortes, and during the Civil War had been appointed as Republican Ambassador to Moscow, overseeing the controversial transfer of Spanish gold reserves to the Soviet Union. Having ended the Civil War in Paris in his role as Republican Ambassador to France, he had spent a number of years working at Johns Hopkins University and the London School of Hygiene and Tropical Medicine, before forming part of the secretariat of the WHO Interim Commission in 1948.⁸³ His nomination to the Commission was based on his extensive pre-war experience with the LNHO and his relationship with international figures within the WHO such as Yves Biraud, Lowell Reed and Melville Mackenzie.⁸⁴ He took part in a major international conference to revise the international list of diseases and causes of death in April 1948 and acted as Secretary of Credentials at the first three World Health Assemblies. He was appointed Deputy Medical Director of the Division of Health Statistics in 1949⁸⁵, later becoming Director of Health Statistics.⁸⁶ Although travelling on a UN diplomatic passport, he retained his Spanish nationality and was listed amongst Spanish staff members in official WHO publications.

Pascua's role in the WHO, alongside the involvement of other Republican exiles, coloured the attitude of Francoist expert and diplomats towards the organisation. In his initial report on the work of the WHO to the Ministry of Foreign Affairs in 1950, the Spanish Consul in Geneva reported that one of its leading figures was the 'unfortunately well-known Spaniard Dr.

⁸³ *Official Records of the World Health Organization, No. 11*, 32.

⁸⁴ Josep Bernabéu-Mestre, 'El exilio científico republicano español y los inicios de la Organización Mundial de la Salud (1946-1956)', in Josep Lluís Barona (ed.), *El exilio científico republicano* (Valencia: Universitat de Valencia, 2010) 220.

⁸⁵ *Official Records of the World Health Organization, No. 28. Third World Health Assembly, Geneva, 8 to 27 May 1950*, (New York and Geneva: World Health Organization, 1950).

⁸⁶ *Official Records of the World Health Organization, No. 51: The Work of the WHO in 1953*, (New York and Geneva: World Health Organization, 1954), 182.

Pascua'.⁸⁷ It also added an important personal dimension to the debate about Spain's membership. The relationship between Marcelino Pascua and José Palanca was particularly fraught, with the two men nurturing a political, professional and personal rivalry dating back to the 1920s. In the triumphalist account of Spain's entry into the WHO in Palanca's memoirs, he describes how at the end of his acceptance speech to the World Health Assembly, 'everyone applauded, except for Mexico, and Pascua watching the spectacle from the public gallery'.⁸⁸ He also alleged that Pascua had actively lobbied Latin American delegates to oppose Spanish membership of the WHO prior to the Fourth Health Assembly in 1951.

Those exiles who did participate in the work of international health organisations were certainly proud of the implicit challenge their roles posed to the Franco regime. The daughter of the exiled public health expert, Santiago Ruesta, recalled that her father had seen his involvement in the World Health Assembly representing the Venezuelan government as a challenge to Francoist isolation. 'Franco had managed', she reported her father as saying, 'to push Spain to the margins of the international community and therefore absent from these assemblies, but he hadn't been able to prevent the participation of a Spanish doctor forced into exile'.⁸⁹ Through his ties with the Republican government-in-exile, Marcelino Pascua was involved with the lobbying campaign to exclude Spain from the WHO in 1946, and may well have used his influence to try and prevent Spanish entry to the WHO.⁹⁰ The risk for the Franco regime was that the opposition of exiles would undermine the universalist and 'non-political' rhetoric it relied on to win support for WHO membership. In an age where so many international scientists and medical experts had first-hand experience of political exile, and within a community where personal relationships were highly valued, such opposition could carry serious weight.

However, there is little evidence that the presence of Republican exiles had a significant impact on the Spanish membership debate, or on Francoist involvement with the WHO after 1951. If Pascua did meet with Latin American delegates on the eve of the 1951 vote, as Palanca claimed, then it clearly had no effect on the outcome. Although he may have lobbied against Spanish participation prior to that date, Spain's initial exclusion ultimately rested on the UN General Assembly resolution, and once that was rescinded in 1950 the momentum behind

⁸⁷ AGA, 82/09200, 'Información General sobre Agencias Especializadas de la O.N.U, 1949-53', Álvaro de Aguilar to MAE, 6 Nov 1950.

⁸⁸ Palanca, *Medio siglo*, 162.

⁸⁹ Quoted in Josep Bernabéu-Mestre, 'La contribución del exilio científico español al desarrollo de la salud pública venezolana: Santiago Ruesta Marco, 1938-1960', in Josep Lluís Barona (ed.), *Ciencia, salud pública y exilio: España, 1875-1939* (Valencia: Seminari d'estudis sobre la ciència, 2003), 223-56.

⁹⁰ Archivo Histórico Nacional, Madrid (AHN), Diversos Marcelino Pascua, Box 2, 14/9, *Report on the Work of The Friends of the Spanish Republic*.

Spanish entry grew relatively quickly. The influence of exiled Republican exiles was strongest within Latin America, where many had established influential roles within national health systems.⁹¹ The majority of Latin American states, however, actively supported Spanish entry into the WHO from 1946, even in the case of Venezuela where Republican exiles held important roles within the public health system.

Conclusion

Health experts served as a vanguard for Spain's post-war integration into the UN system. The historical, personal and professional ties between Francoist experts and their counterparts abroad helped to maintain the connections between Spain and the outside world during the most intense period of post-war diplomatic isolation. The commitment of many senior international experts to the idea of a universal and 'non-political' international health organisation led them to support the integration of Franco's Spain, even in the cases of those liberal or left-wing proponents of interwar social medicine who had sympathised with the Republican cause during the Spanish Civil War. The Franco regime was able to exploit the language of international health as a 'technical' field to counter arguments against Spanish participation. This approach was even more effective in the case of health than in other in other cases of international technical cooperation such as communications or transport, because of the unique humanitarian and utopian rhetoric which surrounded the creation of the WHO. The regime's efforts were ably assisted by Spanish health experts, who were happy to decry the political opportunism of those seeking to exclude them. Spain's entry to the WHO in 1951 helped to pave the way to full membership of the UN four years later.

The fierce debate over Spanish membership reflected the tensions between the universalist rhetoric surrounding the post-war UN system, and the political realities of global conflict and political exclusion. During the post-war 'apogee of internationalism', many hoped the UN would be able to overcome the political divisions which had beset the League of Nations.⁹² Functionalists argued that practical cases of international cooperation could help to build a new global society from the bottom up. Their goals were reflected in the language of the WHO's 'visionaries', and in the utopian preamble to the WHO constitution which argued that 'the health of all peoples is fundamental to the attainment of peace and security and is

⁹¹ For more on the role of exiled Republican experts in Latin America and their relationship with Francoist experts, see chapter 5.

⁹² Glenda Sluga, *Internationalism in the Age of Nationalism* (Philadelphia: University of Philadelphia Press, 2013).

dependent upon the fullest co-operation of individuals and States'.⁹³ However, the United Nations, like the League before it, had emerged from a wartime coalition. The discussion about the status and role of 'ex-enemy' states reflected the contradictions between its partisan origins and its post-war claims to universalism, as did the ongoing controversies surrounding the status of colonial territories. The UN's structure ensured the dominance of the Great Powers, and the ultimate control of specialised agencies by national governments. The emergence of the Cold War quickly transformed the UN system into a site for global political and ideological conflict, and the work of its specialised agencies in the 1950s and 1960s was profoundly shaped by the strategic goals of the US on the one hand, and by the opposition and withdrawal of the Soviet Union and its allies on the other.

The decision to exclude Spain in 1946 marked an early defeat for the universalist and 'non-political' vision of the WHO which had been supported by so many leading international health experts. The UN General Assembly was able to maintain control of key WHO decisions via ECOSOC, and prior to the entry of large numbers of the new post-colonial states in the 1950s and 1960s, control by the General Assembly effectively meant control by the Great Powers. National governments were able to exert additional control through their appointments to the International Health Conference, just as they would later be able to do at the regular World Health Assemblies. In the immediate post-war period this political control didn't necessarily mean the dominance of single approach or viewpoint, as evidenced by the ambiguous initial outcome of the Spanish membership debate. From 1949, however, the withdrawal of the Soviet Union and its allies left the US, with the support of the Latin American and western European states, effectively unchallenged on key issues. Combined with Truman's 'Point Four' plan announced in January of that year, which aimed to use UN technical assistance programmes in order to counter communist influence and further US geopolitical goals, this decision led to a period of US dominance over the WHO. Such dominance wasn't necessarily unwelcome within the organisation given the financial and political support which accompanied it, but it certainly influenced the direction and nature of the WHO's early work, particularly the focus on technology-driven, 'magic bullet' disease eradication programmes which were designed to win hearts and minds in the global struggle against communism.⁹⁴ It was this period of American hegemony which really cemented the influence of the Cold War over the early history of the WHO.

In many ways, Spain's relationship with the WHO and other international health organisations fits our traditional understanding of the first two decades of the Franco regime as a period of

⁹³ *Constitution of the World Health Organization* (1946).

⁹⁴ Amrith, *Decolonizing International Health*, 3; Farley, *Brock Chisholm*, 3.

international isolation, giving way to semi-integration following the start of the Cold War. In important respects, however, it also serves to complicate this picture. The involvement of Spanish health experts with liberal international health organisations both during and immediately after the Second World War highlights the importance and scale of the international ties Franco's Spain retained outside of the Nazi 'New Order' during the period. The Cold War clearly shaped the initial decision to exclude Spain from the WHO and to readmit it in 1951, particularly the support of the US and the later withdrawal of the Soviet Union and its allies from the organisation. But the debate in 1946 was not just a proxy conflict between the two superpowers, and Spain was not admitted to the organisation in 1951 simply because of its anti-communism. The 1946 debate was shaped by questions of the universalism of international health, the independence of technical experts and expertise, and the relationship between nation states and specialised agencies, as well as by tensions between the Soviet Union and the West. Spain's successful international re-integration stemmed partly from its ability to promote itself as a country committed to 'welfare work, humanitarianism and health on the international level', as Palanca described it.⁹⁵ The rapidity with which Spain was admitted and its successful integration into the work of the WHO over the proceeding decade suggests that the respectable, humane and outward-facing image the Franco regime attempted to portray of itself was relatively successful, and that it played an important role in normalising Spain's relationship with the outside world.

⁹⁵ *Official Records of the World Health Organization*, No. 35, 123-24.

Chapter Four

'Weapon of Penetration': Colonial and International Health in Franco's Africa

In February 1945 the Director of the Spanish Institute of Colonial Medicine, Valentín Matilla Gómez, travelled to the West African colony of Spanish Guinea. Matilla was one of the leading figures in Spanish public health and tropical medicine throughout the Franco era. After studying at the Pasteur Institute in Paris, the London School of Hygiene and Tropical Medicine and the Hamburg Institute for Tropical Medicine, he had been appointed as Spain's first ever professor of microbiology and parasitology in Madrid in 1939, having spent the Civil War working as a public health advisor to the notorious General Queipo de Llano in Seville. In 1943 he was charged with coordinating health services in Morocco and Spanish Guinea, and in the same year had founded the journal *La Medicina Colonial*.¹ Together with the two colleagues who accompanied him, Matilla set out in 1945 to study the health problems faced by the colony and the medical services available to address them, as well as carrying out research into the diseases and blood groups of the indigenous population.²

On his return, Matilla published an article in *La Medicina Colonial* describing the visit and setting out his views on the significance of colonial health in Franco's Spain. The health services available to the indigenous population in Spanish Guinea were, according to Matilla, 'excellent', and were delivered in an 'agreeable and Christian' manner to a level perfectly attuned to the people's needs, ('within, of course, the very limited appetite [for medical services] that those men feel for reasons of race and climate'³). The quality of this care rested on the dedication and skill of the Spanish physicians, nurses and public health officials working in the region, whose motivations were both humanitarian and patriotic. For Matilla this high level of care was not just significant for its intrinsic value to the colony's residents. Spanish Guinea, he argued, although 'extraordinarily miniscule', was of 'extraordinary symbolic value' for modern Spain. Not only did it tie the nation to its great colonizing history, it also demonstrated that the Spanish 'deserved' their present day imperial role because of 'the care and meticulousness with which we attend the needs of colonization'.⁴ The idea that colonial health services justified Spain's continuing imperial rule was reflected in the comparisons he

¹ *Anales de la Real Academia de Medicina*, 90:4 (1988), 492-508; *Anales de la Real Academia de Medicina*, 101:3 (1994), 507-516.

² Maria Aguilera Franco, 'El Profesor Don Justo Covalada Ortega', *Anales de Medicina y Cirugía*, 46:195, 211-218.

³ *Ibid.*, 313.

⁴ Valentín Matilla Gómez, 'Una expedición científica a la Guinea', *La Medicina Colonial*, 6:4-5 (Nov-Dec 1945), 302.

drew with the other European imperial powers. The inhabitants of Spanish Guinea, he argued, could enjoy a level of healthcare which was the envy of those in neighbouring territories such as Nigeria and Cameroon, under the less civilized and attentive rule of France and Britain. Not only did Spain's colonial health services and the officials who delivered them help to justify Spanish colonial rule, but, as the end of the Second World War approached, they demonstrated to the world the value and the virtues of Franco's Spain. 'Those same Spaniards and experts', argued Matilla, 'are those who go out of their way in the colony to demonstrate both to neighbouring colonies and to the whole world, that Spain continues to be the generous, selfless, civilizing and evangelizing nation it has always been.'⁵

Until the loss of Morocco in 1956, Franco's Spain saw the world through an imperial lens. The relationship of the regime and its supporters to the both the Axis and Allied powers during the Second World War, and to the post-war UN system, was coloured by their perception of Spain as an imperial power. Having failed to expand its African territories during the war, the Franco regime aimed to consolidate them after 1945, and to exploit their resources to help revitalise the Spanish economy. As Matilla's article illustrated, health and medicine were an important part of the post-war attempt to cast aside the regime's fascist past and to establish its reputation as a progressive and 'civilized' European imperial power.

Matilla's career, his work in Africa, and his views on colonial health illustrate the importance of the discipline to the way Francoist experts thought about and engaged with the outside world. Like Matilla, their professional training and research in the fields of colonial and tropical medicine brought them into contact with an international network of European and North American experts. Their work on the ground in Africa required them to participate in the inter-imperial networks of public health officials set up to prevent the spread of infectious diseases across the continent. For many both inside and outside of the profession, colonial health symbolised the virtues of the Francoist state and justified its claims to be a civilized and civilizing global power. When Spain began to gain entry to international health and humanitarian organisations from the early 1950s, its status as an 'imperial power' promised to grant Spanish experts a role within the regional structures set up to promote African health and welfare. The grand ambitions of Spanish experts did not, however, match the reality of Spain's colonial power and influence. Despite its exalted imperial history and the grand rhetoric of the Franco regime, Spain's territories in Africa were tiny in comparison to the other imperial powers and, as such, Spanish experts were restricted to a marginal role on the continent. The relative underdevelopment of Spanish colonial health services and Spain's post-

⁵ Ibid., 335.

war isolation meant that they were largely excluded from the more formal inter-imperial health networks which were established after 1945. This in turn limited the role Spanish experts were able to play in the regional work of international health organisations during the 1950s.

The international dimension of Francoist colonial medicine reflected the entangled histories of international and colonial health, and of imperialism and internationalism more generally. The European imperial project, particularly during the period of 'high imperialism' in the late nineteenth century, involved extensive cooperation between the imperial powers alongside the more familiar history of imperial rivalry and conflict.⁶ Many of the forms of transnational society which developed from the nineteenth century emerged from networks and structures linked to European empires. The origins of the international sanitary conventions, for example, lay in the desire to protect European states from the infectious diseases which were often transmitted through imperial trade and transport routes. The League of Nations was in many ways an imperial club, reflecting and buttressing forms of colonial rule, and adopting the discourse of a world divided between 'civilized' and 'uncivilized' states.⁷ This inevitably affected the outlook and actions of the LNHO, which incorporated many officials and experts who had built their careers within colonial health systems and which did little to interfere with the health affairs of European colonies. Many of the founders of the UN also envisioned it as a system which would protect the interest of European empires.⁸ However, the anti-colonialism of the United States and the Soviet Union, the influence of post-colonial states such as India, and the post-war re-affirmation of the principle of national sovereignty complicated the relationship between the UN and the European imperial powers. Again, this was reflected in the work and structure of the WHO. The foundation of the organisation in 1946 witnessed a fierce debate about the status of colonial territories, many of which were important sites in the global fight against infectious diseases. Anti-colonial pressure within the UN system fundamentally shaped the attitude of European imperial powers such as France and Britain to the work of the WHO in Africa.⁹

This chapter will explore the international and inter-imperial dimensions of Spanish colonial health, using records from Spanish colonial archives, medical journals, and the WHO. It will

⁶ Kevin Grant, Philippa Levine and Frank Trentmann (eds.), *Beyond Sovereignty: Britain, Empire and Transnationalism, c.1880-1950* (Basingstoke: Palgrave Macmillan, 2007).

⁷ Susan Pedersen, *The Guardians: The League of Nations and the Crisis of Empire* (Oxford: Oxford University Press, 2015).

⁸ Mark Mazower, *No Enchanted Palace: The End of Empire and the Ideological Origins of the United Nations* (Princeton: Princeton University Press, 2009).

⁹ Jessica Pearson-Patel, 'Promoting Health, Protecting Empire: Inter-Colonial Medical Cooperation in Postwar Africa', *Monde(s)*, 7 (2015), 213-30.

begin with an overview of Franco's African empire, the *africanista* ideology which underpinned it, and the role of health and medicine within Francoist colonial thought. It will then explore Spanish involvement in international networks of tropical medicine and colonial health. During the Second World War tropical medicine experts worked closely with their German counterparts, at a time when Spanish dreams of expanding their African empire with Nazi support were at their peak. In parallel to these links, forged largely by experts based on the Spanish mainland, those experts working in Africa, particularly in Spanish Guinea, were working closely with their Allied neighbours within the inter-imperial networks of health experts which spread across West and Central Africa. The chapter will end by showing how Spain's post-war isolation dashed hopes that Spanish experts would find a post-war role in these inter-imperial 'Eurafrican' networks, or within the regional offices of the WHO. In doing so, it will argue that the international dimension of Spanish colonial medicine forms part of the conflicting and overlapping histories of colonial and international health during the middle of the twentieth-century.

Franco's Empire, *africanismo* and Colonial Health

By the early twentieth century, the Spanish empire had been reduced to a pale shadow of its former self. Following the Latin American wars of independence in the early nineteenth century, Spain's remaining American and Asian colonies were either granted independence or ceded to the US following the Spanish-American war of 1898, an event known in Spain simply as 'the Disaster', which plunged the country into a political, social and moral crisis. At a time when other European empires were reaching their zenith and the 'scramble for Africa' was rapidly expanding imperial power across the continent, Spain was left with a few historical enclaves on the Moroccan coast, a largely uninhabited desert region in the Sahara and the tiny west African territory which would later become Equatorial Guinea. Despite strident claims about its rights to wider territories across North Africa, years of negotiations with the other European powers only succeeded in gaining control of a strip of mountainous territory in northern Morocco. Lacking the natural and economic resources of the much larger French zone to the south, control of the Spanish Protectorate of Morocco succeeded primarily in plunging Spain into a series of brutal and costly colonial conflicts between 1909 and 1927 in order to pacify the local population, with severe consequences for the financial and political stability of the Spanish state.¹⁰ These conflicts helped to form a generation of *africanista*

¹⁰ Susana Sueiro Seoane, 'Spanish Colonialism during Primo de Rivera's Dictatorship', in Raanan Rein (ed.), *Spain and the Mediterranean since 1898* (London: Frank Cass, 1999), 48-64; María Rosa de

officers and soldiers within the Spanish army, including Franco, for whom the brutal and brutalising experiences of colonial conflict played a formative role in their political development. The army in Morocco would ultimately become the launch pad for the military rebellion which began the Civil War in 1936, a conflict in which 70,000 Moroccans took part.¹¹

Despite its extremely limited size, Spain's African Empire stood at the heart of Francoist foreign policy and international ambitions during the early years of the regime. The language of empire and imperialism had been central to the discourse of radical right-wing groups such as the Falange and *Acción Española* since before the Civil War. Spain, these groups argued, was at heart an imperial power, and the only way to regain its former glory was to reconstruct in some form the empire that had been lost in 1898.¹² The imperial vision of the Spanish right had, however, been geographically flexible and had primarily focussed on the idea of Spain's 'spiritual' role in Latin America. Under the Franco regime these ideas merged with the Africanist focus of Franco and his fellow officers who had forged their careers in Morocco during the Rif wars, turning Francoist imperial policy firmly towards the idea of African expansion.¹³ Imperialist policies reached their apogee in the early years of the Second World War when disruption to the international system made the idea of expanding the Spanish empire in Africa seem like a realistic possibility. During negotiations with Nazi Germany concerning possible Spanish entry into the Second World War in 1940, Franco unsuccessfully demanded the expansion of Spanish territories in North Africa, specifically the unification of the whole of Morocco under Spanish control at the expense of France.¹⁴

During the same period, the future Spanish Foreign Minister, Fernando María Castiella, together with the Falangist politician José María de Areilza, published an exposition of Francoist imperial ideology in their work '*Reivindicaciones de España*'. Cataloguing the series of events by which Britain and France had apparently undermined Spain's legitimate imperial claims over the preceding two decades, they argued that the Civil War had marked a turning point, and that a triumphant Spain 'with its Imperial will completely recovered [is now] ready

Madariaga, *Marruecos, ese gran desconocido: breve historia del protectorado español* (Madrid: Alianza Editorial, 2013).

¹¹ Sebastian Balfour, *Deadly Embrace: Morocco and the Road to the Spanish Civil War* (Oxford: Oxford University Press, 2002).

¹² On the role of Africa in twentieth-century Spanish nationalism, see Gonzalo Alvarez Chillida and Eloy Martín Corrales, 'Haciendo patria en Africa: España en Marruecos y en el Golfo de Guinea', in Xavier Moreno Juliá and Xosé M. Núñez Seixas (eds.), *Ser españoles: imaginarios nacionalistas en el siglo XX* (Barcelona: RBA, 2013), 399-432.

¹³ Gustau Nerín and Alfred Bosch, *El imperio que nunca existió: la aventura colonial discutida en Hendaya* (Barcelona: Plaza & Janés Editores, 2001); Sergio Suárez Blanco, 'Las colonias españolas en África durante el primer franquismo (1939-1959): algunas reflexiones', *Espacio, Tiempo y Forma, Serie V, Historia Contemporánea* (1997), 315-31.

¹⁴ Norman J.W. Goda, 'Franco's Bid for Empire: Spain, Germany and the Western Mediterranean in World War II', in Raanan Rein (ed.), *Spain and the Mediterranean since 1898* (London: Frank Cass, 1999).

to impose its desires in the vital sphere which it is justly entitled to'.¹⁵ The idea of Spain's 'vital space' in North Africa, echoing the Nazi language of *Lebensraum* and *Grossraumwirtschaft*, reflected the economic priorities of the regime, which planned to revitalise the ruined post-Civil War economy through a programme of economic autarky. Such a programme, many argued, would only be successful with access to expanded North African territories to provide the economy with both raw materials and markets for Spanish industry.¹⁶ The National Institute of Industry (*Instituto Nacional de Industria*, or INI), the body set up by the regime to coordinate the development of the economy, was particularly interested in the development of mining, fishing and telecommunications in the Protectorate.¹⁷

Parallel to the development of these economic and diplomatic plans, the government established various institutional structures to develop and promote Africanist ideas. The creation of the General Franco Institute of Hispano-Arab Studies and Research (*Instituto General Franco de Estudios e Investigación Hispano-Arabe*) in 1938, highlighted the centrality of the idea of 'Hispano-Arab brotherhood' to Francoist Africanism.¹⁸ Francoist propaganda and cultural policy in Morocco emphasised the historical relationship between Spanish and North African culture. Ignoring the violence of the *Reconquista*, an event which was so central to its historical rhetoric in other fields, the regime held up Al-Andalus as an example of fraternal union between the Hispanic and the Arabic worlds, a shared past on which present relationships could be forged. This history was used to justify the idea of Spain's 'civilizing mission' in the region. As Moorish culture had helped to revitalise Spanish culture and free it from a period of stagnation in the Middle Ages, so now it was the turn of Spain to provide the same support to Morocco. Unlike the self-interested imperialism of the French, Spain's presence in the region was motivated by 'love' and by a deep understanding of the 'Moroccan soul'.¹⁹

The period of Francoist rule in Morocco was beset by contradictions between the progressive, pro-Arab discourse of the regime and the reality of repression and neglect from the local administration. Droughts and bad harvests between 1940 and 1941 meant that the 'hunger

¹⁵ José María De Areilza and Fernando María Castiella, *Reivindicaciones de España* (Madrid: Instituto de Estudios Políticos, 1941), 49.

¹⁶ Suárez Blanco, 'Las colonias españolas'.

¹⁷ *Ibid.*, 25.

¹⁸ Irene González González, 'Educación, cultura y ejército: aliados de la política colonial en el norte de Marruecos', in Manuel Aragón Reyes (ed.), *El Protectorado español en Marruecos: la historia trascendida* (Bilbao: Edita Iberdrola, 2013), 341-62.

¹⁹ De Areilza and Castiella, *Reivindicaciones de España*, 499.

years' proved even more deadly in the Spanish Protectorate than they were on the mainland.²⁰ Food crises continued to erupt throughout the decade. Non-military spending was concentrated on grand government buildings in Tetuan, and on services for Spanish administrators and settlers and for the pro-Spanish Moroccan elites, with basic services neglected. From the late 1940s this was combined with increasing brutal repression of Moroccan nationalist movements active in the Spanish zone, involving a vast network of informants run by the Department of Indigenous Affairs, which at its peak recruited one in six of the adult population.²¹ The increasing strength of Moroccan nationalism and the decision by France to grant independence to its zone, ultimately forced Franco to relinquish the Moroccan Protectorate in April 1956.²² Spain's remaining North African possessions consisted of the enclave of Ifni, which was ceded to Morocco in 1969, and the larger desert region of the Spanish Sahara which it held until 1975.²³

In addition to these North African possessions, Spain also controlled a colony in West Africa known as Spanish Guinea. It was made up of two distinct territories, the island of Fernando Po (now known as Bioko) plus a group of small nearby islands, and a strip of territory on the mainland between Gabon and Cameroon known as Rio Muni.²⁴ Fernando Po, the most economically and politically significant territory, was the seat of the Spanish administration and had the most developed administrative and social services. The Rio Muni region was only fully occupied and brought under Spanish control in the 1920s, with Spanish influence spreading slowly, often through the work of Catholic missionaries. The majority of Africans were denied legal, property and labour rights, although a small native elite known as *emancipados* theoretically enjoyed the same rights as white Europeans.²⁵ Under the Franco regime, one of the central objectives of the colonial administration was the supply and control of labour for the territory's timber and cacao plantations, on which its relative post-war prosperity was based. African labour within Guinea was coordinated by agreements between the colonial government and large employers, and workers operated under semi-forced conditions in which wages were not paid in full until the end of their contracts. Much of the

²⁰ Mimoun Aziza, 'La sociedad marroquí bajo el Protectorado español (1912-1956)', in Manuel Aragón Reyes (ed.), *El Protectorado español en Marruecos: la historia trascendida* (Bilbao: Edita Iberdrola, 2013), 127-48.

²¹ de Madariaga, *Marruecos*, 375.

²² Ibid., 458; Mike Elkin, 'Franco's Last Stand: An Analysis of Spanish Foreign Policy Regarding Moroccan Independence in 1956', *International Journal of Iberian Studies*, 17 (2004), 67-86.

²³ Virginia Thompson and Richard Adloff, *The Western Sahara: Background to Conflict* (London: Croom Helm, 1980), 460; Suárez Blanco, 'Las colonias españolas'.

²⁴ Alicia Campos Serrano, 'El régimen colonial franquista en el Golfo de Guinea', *Revista Jurídica Universidad Autónoma de Madrid*, 3 (2000), 79-108.

²⁵ Ibrahim K. Sundiata, *Equatorial Guinea: Colonialism, State Terror, and the Search for Stability* (Boulder: Westview Press, 1990), 32-33.

labour force was made up of Nigerian migrant workers, particularly following an agreement signed with the British Governor General in Lagos in 1942.²⁶ Although there was a partial liberalisation and africanisation of the colonial administration from the 1950s under pressure from the UN, it was not enough to head off the increasing internal and external calls for self-determination, particularly after the neighbouring territories of Nigeria, Cameroon and Gabon all gained independence in 1960. In 1968 the Spanish government agreed to call a Constitutional Conference under which, paradoxically for an authoritarian regime, it negotiated the implementation of full independence under a democratic constitution.²⁷

The ideology underpinning Francoist rule in Spanish Guinea differed from the idea of 'Hispano-Arab brotherhood' which dominated in Morocco and the Western Sahara. Rather than tying itself to the shared history of Spain and North Africa, colonialism in West Africa was identified firmly within the tradition of Spanish rule in Latin America, Spain's unique 'imperial gift' and its Catholic-led 'civilizing mission'. In the early years of the regime this manifested itself in a form of racist paternalism, in which the inferiority of African subjects was underpinned by medicalised theories of intelligence and formalised through their status as legal minors, and in which Spanish rule was justified by the need to civilize and develop African society.²⁸ In response to the increasing anti-colonialism Spain faced on the international stage from the mid-1950s, these attitudes developed into a theory which anthropologist Gustau Nerín has labelled 'hispanotropicalism'. This vision of Spanish colonialism retained the emphasis on the civilizing and missionary vocation of Spanish colonialism, stressed the primacy of spiritual concerns over economic exploitation, and argued that it was characterized by the absence of racist attitudes which, as had been the case of Latin America, encouraged the spread of *mestizaje*.²⁹

Colonial health played a central role in Francoist imperial ideology. During the early years of the Second World War colonial medicine was presented as a vital part of Spain's expansionist ambitions. An article on colonial medicine published in the journal *Si* at the beginning of 1942 compared colonial doctors to the intrepid missionaries of Spain's imperial past who, through their care of the indigenous population and their fight against diseases such as malaria, would 'plant the deepest roots of our expansion' and become the 'firmest pillar of our future

²⁶ Alicia Campos, 'The Decolonization of Equatorial Guinea: The Relevance of the International Factor', *Journal of African History*, 44 (2003), 95-116.

²⁷ Ibid.

²⁸ Enrique Sang Okenve-Martínez, *Equatorial Guinea, 1927-79: A New African Tradition* (PhD thesis: SOAS, 2007), 154.

²⁹ Gustau Nerín, *Guinea Ecuatorial, historia en blanco y negro: hombres blancos y mujeres negras en Guinea Ecuatorial, 1843-1968* (Barcelona: Ediciones Península, 1998).

greatness'.³⁰ As the dream of African expansion receded, the emphasis shifted to the importance of colonial medicine to Spain's 'civilizing mission', with the metaphor of the colonial doctor as missionary again to the fore. Valentín Matilla argued that Spain's colonies were too small for 'lucrative exploitation and advantageous plunder', and that what remained was for Spain to 'humanize and improve the material life of the most backwards populations'.³¹ Military doctors in particular were held up as the embodiment of the benevolent Francoist state, and in their work alongside indigenous assistants in Morocco as living examples of the idea of Hispano-Arab brotherhood.³²

In part, Matilla argued, their work would serve to win indigenous support for Spanish rule through the policy of *atracción*. Colonial doctors, like the Spanish missionaries of old, would help to convince the indigenous population of the benefits of western civilization and achieve the 'evangelizing and missionary task' of rescuing their souls from ignorance and leading them towards the path of eternal salvation.³³ Spanish doctors who formed close relations with the local population could exploit the 'tendency towards generalization' and 'spirit of observation and copying' which supposedly characterized African psychology in order to gain wider support for the Spanish administration and thereby strengthen Spanish rule.³⁴ They would also help to demonstrate to a hostile world that Franco's Spain represented the benevolent and disinterested traditions of the nation's colonial past. This idea was most obviously present in the prominent attention paid to leprosy treatment in Spanish Africa. The religious symbolism of the disease and its historical association with missionary work made it the perfect symbol for Francoist colonial medicine. For the Spanish judge and colonial administrator, Rafael Galbe Pueyo, leprosy services in the colony demonstrated 'the unprecedented generosity of a colonizing nation', working quietly and modestly to secure the healthy and prosperous future of its colonial subjects.³⁵ After his trip to Guinea in 1945 Matilla argued that the exceptional facilities for leprosy sufferers in the region were 'not only original, but also examples to the world'.³⁶

Despite this lofty rhetoric, health services in Spanish Africa were focussed primarily on protecting the Spanish mainland and Spanish settlers from infectious diseases, rather than on

³⁰ J. Ercilla, 'La Medicina Tropical: Arma de Penetración', *Si*, 5 (1 Feb 1942), 13.

³¹ V. Matilla, 'Política sanitaria colonial', *La Medicina Colonial*, 2:6 (Dec 1943), 383-84

³² Francisco Javier Martínez Antonio, 'La medicina y la sanidad en el Protectorado español en Marruecos: apuntes iconográficos', *Awraq: estudios sobre el mundo árabe e islámico contemporáneo*, 5-6 (2012), 135-56.

³³ V. Matilla, 'Política sanitaria colonial', *La Medicina Colonial*, 2:6 (Dec 1943), 387

³⁴ *Ibid.*, 387

³⁵ Rafael Galbe Pueyo, 'Mikomeseng', *Africa*, 165 (Nov 1955), 493.

³⁶ Valentín Matilla Gómez, 'Una expedición científica a la Guinea', *La Medicina Colonial*, 5-6 (Nov 1945), 330.

improvements to African health and wellbeing. Health services within the Moroccan Protectorate were dominated by a series of top-down disease-specific campaigns focussed on controlling both those infectious diseases which could spread to the mainland and those which posed a threat to Spanish soldiers and settlers, chiefly typhus, malaria, smallpox and venereal diseases.³⁷ The civilian health administration prioritised care in urban areas, part of a plan to create 'health oases' in the major cities in which Spanish settlers would be protected from the diseases which beset the Moroccan population.³⁸ Beyond this, the overriding preoccupation for doctors and public health officials in the Protectorate was to prevent diseases spreading to the Spanish peninsular. This policy had its roots in the recurrent outbreaks of bubonic plague which hit the region at various points between 1911 and 1926, and which spread to the peninsular on a number of occasions, including to Malaga and Barcelona between 1922 and 1926.³⁹ Whilst the control of infectious disease was a common concern of all of the European colonial powers in Africa, Spain was unique in possessing an African territory almost on its doorstep just a short boat journey away from some of its major metropolitan centres, and its health officials were therefore more closely attuned to the risks posed by infectious diseases.

In Spanish Guinea health services were primarily focussed, not on the risk of infectious diseases spreading to the peninsular, but on the protection of Spanish settlers and the African labour force on which the zone's economy relied.⁴⁰ This again translated into a focus on disease-specific health campaigns, combined with an authoritarian sanitary regime designed to restrict the spread of key diseases across the territory.⁴¹ Sleeping sickness (trypanosomiasis), yellow fever and leprosy were the three diseases which most preoccupied Spanish health officials. The fight against sleeping sickness, spread by the tsetse fly which thrived in the forested regions of central and west Africa, was motivated in part by the threat the disease posed to the labouring population and was closely linked to the expansion of colonial power in Spanish Guinea, particularly in Rio Muni. The use of mandatory health passports to control the disease mirrored a similar scheme which had been introduced across colonial central Africa during the early twentieth century, where, as in the Spanish colonies, the treatment of sleeping sickness served both as a means of extending colonial control and as part of European

³⁷ Francisco Javier Martínez Antonio, 'En la enfermedad y en la salud: medicina y sanidad españolas en Marruecos (1906-1956)', in Manuel Gahete Jurado and Colabora Fatiha Benlabbah (eds.), *El Protectorado español en Marruecos: la historia trascendida* (Bilbao: Iberdrola, 2013), 363-92.

³⁸ Rosa María Medina Domenech and Jorge Molero Mesa, 'La ley sanitaria colonial: marco legislativo para el análisis de la medicina colonial española en África', in Alejandro Díez Torre (ed.), *Ciencia y memoria de África: Actas de las III Jornadas sobre "Expediciones científicas y africanismo español, 1898-1998"* (Alcalá de Henares: Ateneo de Madrid, 2002), 391-400.

³⁹ Martínez Antonio, 'En la enfermedad', 371; Medina Domenech and Molero Mesa, 'La ley sanitaria'.

⁴⁰ Medina Domenech and Molero Mesa, 'La ley sanitaria'.

⁴¹ Rosa María Medina Domenech, 'Scientific Technologies of National Identity as Colonial Legacies: Extracting the Spanish Nation from Equatorial Guinea', *Social Studies of Science*, 39 (2009), 81-112.

'civilizing mission' propaganda.⁴² Yellow fever had represented one of the greatest threats to European settlement in West Africa since the eighteenth century, and the recurrent outbreaks that hit Spanish Guinea throughout the 1940s threatened both African labourers and native settlers.⁴³ Leprosy was much more widespread in Guinea than it was in either Morocco or the Spanish mainland, with an estimated 4000 sufferers in 1945.⁴⁴ As in other African colonies, the treatment of leprosy was used to justify colonial rule, and was particularly appealing to the religious congregations which controlled many of the territory's health services because of the disease's symbolic value and the opportunity to evangelise patients in long-term residential settings.⁴⁵

Tropical Medicine: 'Weapon of Penetration'

The importance of empire to the international ambitions of the early Franco regime, together with the centrality of medicine and health to Francoist imperial ideology, meant that colonial health experts saw their discipline in international terms. Their work in Africa and their membership of an international medical speciality provided opportunities to forge professional relationships and promote their work among colleagues from other European states. This was particularly evident in the field of tropical medicine, where links with German experts formed part of the wider ties between the German and Spanish medical professions during the Second World War, and where their relationship with Portuguese experts helped to ameliorate Spanish isolation in the immediate post-war period.

The development of tropical medicine was inextricably bound up with the history of European colonialism. Its origins lay in the need to combat diseases such as malaria and yellow fever which European colonists were so susceptible to in the Caribbean, Africa and the Asian subcontinent. The formation of new colonies relied on the viability of populations of European soldiers and settlers, and the mass casualties these groups suffered posed a grave risk to

⁴² Enrique Laline del Rio, 'Organización sanitaria en los territorios españoles del Golfo de Guinea', *La Medicina Colonial*, 1 (Jan 1943), 59; Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge: Cambridge University Press, 1992).

⁴³ François Delaporte, *The History of Yellow Fever: An Essay on the Birth of Tropical Medicine* (Cambridge, Mass.: MIT Press, 1991). See below information about the fight against yellow fever in Spanish Guinea.

⁴⁴ Valentín Matilla Gómez, 'Una expedición científica a la Guinea', *La Medicina Colonial*, 5-6 (Nov 1945), 330.

⁴⁵ Sundiata, *Equatorial Guinea*, 28; Kathleen Vongsathorn, 'Public Health or Public Good? Humanitarian Agendas and the Treatment of Leprosy in Uganda', in Bronwen Everill and Josiah Kaplan (eds.), *The History and Practice of Humanitarian Intervention and Aid in Africa* (London: Palgrave Macmillan, 2013), 43-66.

colonial projects up until the nineteenth century.⁴⁶ From the 1890s a distinct field of tropical medicine began to emerge around newly-established institutes in Liverpool, London, Paris, Hamburg, Lisbon and New Orleans, using advances in microbiology and parasitology to develop treatments that would protect European populations, whilst relegating to the margins the health of native populations and the economic and social context in which they lived. Tropical medicine experts formed a transnational community whose missionary zeal helped to disseminate the young profession amongst the imperial powers, and contribute to the expansion of colonial practices and territories.⁴⁷

The apogee of tropical medicine immediately prior to the First World War coincided with the nadir of the Spanish empire, and as a result the discipline had remained relatively undeveloped in Spain in comparison to its European neighbours, including Portugal. It began to attract increasing interest and to develop professional structures during the interwar period, thanks partly to the work of Spanish parasitologists such as Gustavo Pittaluga and Sadí de Buen, but was weakened by the death and exile of a number of its leading practitioners during the Civil War.⁴⁸ Nevertheless, the imperial ambitions of the Franco regime and its emphasis on Spain's colonial health services, particularly in Morocco, thrust the field back into the limelight, and the Department of Morocco and Colonies began to construct a tropical medicine infrastructure to support the work of Spanish doctors in Africa towards the end of the Second World War. In 1943 it began to publish the journal *La Medicina Colonial*, and in 1944 funded the creation of a new Spanish Institute of Colonial Medicine within the CSIC, which combined microbiological and epidemiological research with anthropology 'to guide the study of the native in its multiple aspects and to produce rules for the medical specialists in Morocco and the Colonies'.⁴⁹

The increasing prominence given to tropical medicine within Spain during the Second World War was linked to the expansionist dreams of the regime's Africanists. In 1942 the Falangist newspaper *Arriba* published an article entitled 'Tropical Medicine: Weapon of Penetration'. The article linked the development of tropical medicine to the strength and vitality of the nation, arguing that:

Only when a country finds itself at an ascendant moment in its history, in which the popular and collective ambition gives life to the [colonial]

⁴⁶ Philip D. Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (Cambridge: Cambridge University Press, 1989); Philip D. Curtin, *Disease and Empire: The Health of European Troops in the Conquest of Africa* (Cambridge: Cambridge University Press, 1998).

⁴⁷ Deborah J. Neill, *Networks in Tropical Medicine: Internationalism, Colonialism and the Rise of a Medical Speciality, 1890-1930* (Stanford: Stanford University Press, 2012).

⁴⁸ Ricardo Campos, Luis Montiel and Rafael Huertas (eds.), *Medicina, ideología e historia en España, siglos XVI-XXI* (Madrid: Consejo Superior de Investigaciones Científicas, 2007).

⁴⁹ *La Medicina Colonial*, 3:6 (Jun 1944), 409-410

initiative, does the imperious need to address the problem of acquiring the difficult yet fruitful sanitary techniques of tropical countries arise.⁵⁰

The clearest example of this phenomenon, the article argued, was Germany, which despite losing its colonial possessions in 1918 had chosen to strengthen and develop its understanding of tropical medicine through the work of the Hamburg Institute for Tropical Medicine. As a result of this preparation, its medical professionals were trained to treat those suffering from 'exotic diseases', and, more importantly, were ready to take control of any of the new colonial territories Germany gained during the Second World War. Spain, the article concluded, needed to prepare itself in a similar fashion if it was to make effective use of its current colonial possessions and expand them in the future.

In keeping with this admiration for the German example, tropical medicine played an important role in Spanish medical links with Nazi Germany during the early years of the Second World War. As was the case in other fields, many of the relationships between Spanish and German tropical medicine experts had been forged during the interwar period. The Hamburg Institute for Tropical Medicine had been promoting its work to the Iberian Peninsula and Latin America since the early 1920s with the publication of the Spanish language journal *Revista Médica de Hamburgo*.⁵¹ These efforts had been a response to Germany's scientific isolation following the end of the First World War, and had been consistently supported by the German Foreign Office as part of Germany's wider cultural diplomacy towards the Spanish-speaking world. Researchers from Hamburg who had helped forge these interwar relationships with Spain and Latin America, including the Institute's wartime leader Peter Mühlens, maintained links with Spanish experts during the Second World War. In June 1943 a group of German tropical medicine experts visited Spain at the invitation of the University of Madrid, giving a series of lectures to Spanish experts. Amongst them was the I.G. Farben researcher Walter Kikuth who had worked in Latin America during his time with the Hamburg institute in the 1920s, and the immunologist Hans Schmidt, who had volunteered with Francoist medical services during the Spanish Civil War.⁵² Mühlens and Kikuth were also on the advisory board to the Spanish journal *La Medicina Colonial*.⁵³

As well as the part these links played in the wider cultural relations between Spain and Germany during the Second World War, they also provided practical and professional advantages for the experts and officials involved. For German experts, Spain's African colonies

⁵⁰ J. Ercilla, 'La Medicina Tropical: Arma de Penetración', *Si*, 5 (1 Feb 1942), 13

⁵¹ Magali Romero Sá and André Felipe Cândido da Silva, 'La Revista Médica de Hamburgo y la Revista Médica Germano-Ibero-Americana: diseminación de la medicina germánica en España y América Latina, 1920-1933', *Asclepio. Revista de Historia de la Medicina y de la Ciencia*, 62 (2010), 7-34.

⁵² *La Medicina Colonial*, 1:6 (Jun 1943), 417-418

⁵³ *La Medicina Colonial*, 1:1 (Jan 1943), 1

provided sites to carry out research and to test new developments. In June 1939, for example, the Francoist government authorized the creation of a German medical mission in Spanish Guinea to study tropical diseases.⁵⁴ For Spanish authorities, Germany was one of the few sources of synthetic quinine and anti-malaria drugs during the war, when the worldwide shortage, Britain's naval blockade and Spain's economic crisis made access to the drugs needed for both the Spanish metropole and its African colonies increasingly scarce.⁵⁵ Contact between Spanish and German experts largely dried up from 1944 and remained limited during the rest of the decade when links between the two countries were politically complicated on both sides. They began to reappear on a more limited scale from the early 1950s however, with figures such as Walter Kikuth reviving link with the Spanish profession.⁵⁶

In the immediate post-war era, the international isolation of Spanish health experts was partly ameliorated by their close ties to European tropical medicine, particularly in Portugal where relations were facilitated by the ideological affinities between the Franco and Salazar regimes. Spanish and Portuguese experts had begun to organise a number of joint conferences from 1943, but it was after the war that cooperation between the two countries really began to flourish. On the Spanish side the relationship was facilitated by Luis Nájera Angulo, a leading epidemiologist and colonial health expert who had worked in Equatorial Guinea and collaborated with Gustavo Pittaluga prior to the war, before going on to work at the National Institute of Health in Madrid. In 1945 he visited Lisbon at the invitation of the Tropical Medicine Institute, where he met the Institute's Director, João Fraga de Azevedo, and the Portuguese Minister for the Colonies. Following the visit, Fraga de Azevedo asked the Spanish Embassy in Lisbon for help in establishing more formal relations between the two countries, on the basis of their shared interests in diseases such as yellow fever and malaria, and the importance of tropical medicine to the colonial projects of both countries.⁵⁷ This led to increasing levels of cooperation between the two countries during the remainder of the decade, particularly in the fields of malaria and leprosy, facilitated by a series of grants awarded by the CSIS for Spanish researchers to study at the Lisbon Institute.⁵⁸

As with Germany, Hispano-Portuguese medical cooperation conferred benefits on both sides. Spanish experts gained from the experience of the Portuguese tropical medicine profession which had been established and institutionalised for much longer than in Spain. The Lisbon

⁵⁴ Lorenzo Delgado Gómez-Escalonilla, *Imperio de papel: acción cultural y política exterior durante el primer franquismo* (Madrid: Consejo Superior de Investigaciones Científicas, 1992), 99.

⁵⁵ AGA, (15)18 81/08113.

⁵⁶ *La Medicina Colonial*, 17:6 (Jun 1951), 588-601

⁵⁷ AGA, 10(73) 54/06664, Agregado Cultural, Lisbon to MAE, undated (1945).

⁵⁸ *La Medicina Colonial*, 9:5 (May 1947), 424, and 11:2 (Aug 1950), 91-120.

School of Medicine had been established in 1902 to help treat soldiers returning from the colonies, and was central to the efforts to develop Portugal's African colonies during under the so-called Third Portuguese Empire. It acted as a centre for research and teaching, and for the despatch of scientific missions to develop the epidemic maps which were seen as vital to the eradication of tropical diseases. It specialised in the study of sleeping sickness, a disease which was endemic in Spanish Guinea, and its experts had a history of collaborating widely with European colleagues to a much greater extent than their Spanish counterparts.⁵⁹ For experts in both countries, bilateral links helped to maintain a degree of international cooperation at a time when access to international networks had been complicated by wartime disruption, and the later isolation of both countries from the post-war international mainstream. Their shared Catholicism and historical links with Latin America also facilitated cooperation, with both countries hosting Ibero-American and Catholic medical conferences during the 1940s.⁶⁰

Portuguese tropical medicine experts were not alone in helping to ameliorate Spain's post war isolation. The Italian malariologist, Alberto Missiroli, was vocal in his support for Spanish health experts in the immediate aftermath of the war. A veteran of international anti-malaria campaigns who had worked closely with the Rockefeller Foundation before the war and continued to work with the WHO after it, Missiroli was one of the few Italian experts to visit Spain in the late 1940s.⁶¹ In 1949 he published an article in both the Italian and Spanish medical press which alleged that international health and wellbeing were being damaged by the WHO's exclusion of 'one of the most glorious nations of Europe.'⁶² Missiroli's inter-war career had brought him into contact with both Republican Spanish experts such as Pittaluga, and those who would later go on to serve under the Franco regime. His commitment to the inclusion of Franco's Spain within post-war international health reflected the value of tropical medicine networks to the international standing of Francoist experts.

Inter-Imperial Health during the Second World War

International cooperation in the field of tropical medicine primarily involved experts based in Spain itself, where the pattern of overseas relationships was necessarily influenced by the foreign policy of the Franco regime. For colonial health officials working on the ground in Africa however, their distance from the metropole and the need to prevent the cross-border

⁵⁹ Isabel Amaral, 'The Emergence of Tropical Medicine in Portugal: The School of Tropical Medicine and the Colonial Hospital in Lisbon (1902-1935)', *Dynamis*, 28 (2008), 301-28.

⁶⁰ *La Medicina Colonial*, 9:5 (May 1947), 424.

⁶¹ Archivio dello Stato, Rome (AdS), Ministero della Sanità, Istituto Superiore di Sanità, 42/003, Busta 88.

⁶² *Ser*, 49 (1949), 9.

spread of infectious diseases meant that cooperation with colleagues in neighbouring colonies was both more extensive and less constrained by the regime's diplomatic relations. These forms of inter-imperial cooperation were particularly common during the Second World War, when disruption to communication and transport links with the mainland forced local officials to turn to their Allied neighbours at the same time as health experts in the peninsular were promoting ties with the Axis states. After the war, inter-imperial health cooperation promised to provide a way for Spain to form closer ties with their fellow European colonial states and to increase their influence on the international stage, but the political isolation of the Franco regime meant that Spain was ultimately excluded from the new inter-imperial structures that emerged.

The most striking example of Spanish participation in inter-imperial health related to the fight against yellow fever in Spanish Guinea during the Second World War. At the start of 1941 there was an outbreak of yellow fever in the town of Kogo on the Rio Muni estuary, which by April had killed three Europeans and an unspecified number of Africans, the first of a number of outbreaks which would hit the territory over the following years.⁶³ Despite the fact that it coincided with the period of Spain's closest alignment with the Axis powers, the outbreak provoked an intensive degree of cooperation between Spanish authorities in Guinea, their French and British counterparts in West Africa, and officials from the Rockefeller Foundation, which continued to varying degrees throughout the war. This cooperation stemmed in part from the failure of the Department of Morocco and Colonies and the Department of Health in Madrid to provide authorities in Guinea with adequate supplies of vaccines, despite repeated promises they would do so, forcing health officials in Spanish Guinea to fall back on pre-existing inter-imperial networks in West Africa for support.⁶⁴

During the early stages of the 1941 outbreak, the first instances of help from Spain's colonial neighbours came from three French officials from Libreville in neighbouring Free French-controlled Gabon, who arrived in Rio Muni border town of Kogo in April to warn of a minor outbreak that had recently appeared in their territory, discussing control measures with local Spanish officials and agreeing to help supply medication.⁶⁵ They then arranged for a physician from the Rockefeller Yellow Fever Research Institute in Uganda, Alexander Mahaffey, to visit Kogo with a supply of yellow fever vaccines the following month.⁶⁶ The Rockefeller vaccine had been developed in the early 1930s, and during the early years of the war the institute in

⁶³ AGA (15)18 81/08113, Report by *Director de Sanidad de Guinea*, 23 Apr 1941.

⁶⁴ AGA (15)18 81/08113, *Gobernador general de Guinea* (GGG) to *Dirección general de Marruecos y Colonias* (DGMCC), 3 Jul 1941.

⁶⁵ AGA (15)18 81/08113, *Subgobernador accidental* to GGG, 18 Apr 1941.

⁶⁶ AGA (15)18 81/08113, telegram from GGG to DGMCC, 30 May 1941.

Uganda was at the centre of efforts to control outbreaks of the disease across the so called 'yellow fever belt' which ran across central Africa. Despite logistical problems caused by the need to keep the vaccines refrigerated, the Institute carried out civilian vaccination campaigns in both Uganda and Eritrea in the early years of the war. The Rockefeller Foundation was also involved in the mass manufacture of vaccines in the United States which were used to vaccinate Allied personnel serving in central and north Africa, primarily due the fear that troops could spread the disease to hitherto unaffected areas such as India. In Rio Muni, Dr Mahaffey arranged to supply the territory with vaccines sufficient to vaccinate 11,000 people, and also arranged for suspected blood samples to be sent to the Uganda institute for analysis.⁶⁷

During the period in question Spain was still firmly aligned with the Axis states, and the relationship between Spanish health authorities and the Rockefeller Foundation in Spain itself was becoming increasingly strained.⁶⁸ Local colonial officials, however, demonstrated a remarkable degree of political flexibility when it came to the fight against yellow fever. When the Governor General of Guinea wrote to Madrid in July 1941 to complain about the lack of vaccines being supplied to the territory, he urged them to request new supplies from the Rockefeller Foundation, the Wellcome Institute and the German government.⁶⁹ When a new outbreak emerged in February 1943 vaccine supplies were rapidly sourced from the Rockefeller Foundation in the US, British officials in Nigeria, and the Free French administrations in Gabon and Cameroon.⁷⁰ The organisation of these supplies involved not only colonial health officials, but also the direct and extensive intervention of civilian administrators, ambassadors and central ministries in the various countries involved, to the extent that the British consul in Fernando Po agreed to personally fly in supplies of the vaccine from Cameroon in a thermos flask.⁷¹ At the same time, the German ambassador in Madrid was still involved in sourcing supplies from Berlin.⁷² The fact that both Axis and Allied powers were vying to ensure the allegiance, or at least the benevolent neutrality, of the Spanish state, meant that support could be leveraged from both sides. Whilst officials in Madrid could use the extensive ties between Spanish medicine and Nazi Germany to access German supplies, the military officers who dominated the colonial health administration were equally comfortable with requesting support from their British and French neighbours.

⁶⁷ AGA (15)18 81/08113, *Director Interno de Sanidad* to GGG.

⁶⁸ Esteban Rodríguez Ocaña, 'Por razón de ciencia: la Fundación Rockefeller en España, 1930-1941', in Ricardo Campos Marín, *et al.* (eds.), *Medicina y poder político: XVI Congreso de la Sociedad Española de Historia de la Medicina* (Madrid: SEHM, 2014), 473-78 476.

⁶⁹ AGA (15)18 81/08113, GGG to DGMC, 3 Jul 1941.

⁷⁰ AGA (15)18 81/08113, various correspondence, 1943.

⁷¹ AGA (15)18 81/08113, British consulate Santa Isabel to GGG, 2 Nov 1944.

⁷² AGA (15)18 81/08113, DGMC to GGG, 2 Apr 1943.

In addition to their cooperation in the fight against yellow fever, public health officials across British and Free French territories in West Africa continued to share epidemiological information with their counterparts in Spanish Guinea throughout the war. The risk posed by epidemic diseases was particularly acute in Spanish Guinea because of the regular movement of migrant workers into and out of the territory.⁷³ Fernando Po was home to thousands of labourers from Nigeria, with numbers increasing following the signing of the first formal labour agreement between the two territories in 1942.⁷⁴ Sanitary control measures were almost non-existent on the borders between Rio Muni and the neighbouring territories of Cameroon and Gabon, with local populations long accustomed to crossing the border freely. For the most part the exchange of epidemiological information was undertaken on the initiative of local health officials. Britain attempted to place it on a more formal footing on a number occasions, first following an inter-imperial tsetse fly conference held in Lagos in July 1943 which promoted plans for a system of West African epidemiological exchange linked to similar systems in East Africa and Egypt, and again in the summer of 1944 when the Foreign Office attempted to revise a plan to re-create the epidemiological functions of the Axis-controlled OIHP from London.⁷⁵ On both occasions the Spanish Ministry of Foreign Affairs and Department for Morocco and Colonies agreed to British proposals, although there is no evidence they were ever implemented.

These forms of inter-imperial cooperation seemed to set the stage for Spain to play an active role in post-war African health alongside its fellow European colonial powers. Luis Nájera Angulo gave voice to these hopes in a national radio broadcast in the summer of 1944.⁷⁶ The great geopolitical achievement of the post-war world, he predicted, would be the joint creation by Europe's imperial powers of a new Eurafrican union, something he saw in terms of a 'great biological block' centred on the Mediterranean, a 'biogeographical ideal'.⁷⁷ The idea of Eurafrica, the fusion of both European states and their African colonial possessions, had appeared under the guise of both the interwar pan-Europa movement and Nazi geopolitical thought. It emerged again among the western European imperial powers towards the end of the war and played a prominent role in plans for European integration during the late 1940s

⁷³ AGA (15)18 81/18109, Enrique Lalinde to GGG, 2 Feb 1943.

⁷⁴ TNA CO 852/375/18, 'Trade Negotiations with Spanish Guinea', 4 July 1942; TNA HS 3/77, 'Final report on Fernando Po and Spanish Guinea (Mainland)', undated.

⁷⁵ AGA (15)18 81/08113, S.C. Larence to GGG, 21 Dec 1943; AGA 15(18) 81/11674, MAE to DGMC, 7 Jun 1944.

⁷⁶ Luis Nájera Angulo, 'La sanidad pública y la colonización africana', *Revista de Sanidad e Higiene Pública*, 18:4 (Jul 1944), 298-304

⁷⁷ Ibid.

and early 1950s.⁷⁸ For Spanish imperialists, it held out the promise of both strengthening Spain's colonial claims and binding it into a unified Europe as one of the key imperial powers.⁷⁹ For doctors and public health figures such as Nájera, the centrality of health and medicine to the colonial project meant that it would also offer a way for Spanish experts to contribute to wider African development, providing them with 'brilliant [professional] possibilities'.⁸⁰ Ever increasing travel and exchange between African colonies would mean that post-war African health would have to be managed by a new international organisation, which Nájera saw not as an independent threat to the European powers, but as a 'united and coordinated labour of international character' involving European states in the development of colonial health across the continent. Such a project would be impossible without Spanish participation, both because of the technical skill of its experts and because of the fact that the Spanish and Portuguese peoples, for 'biogeographical reasons' could best adapt to the special climactic conditions faced in Africa.⁸¹ Their participation in post war inter-imperial African health, in addition to the professional opportunities it would provide, would demonstrate 'the greatness and the prospects of the hispanic spirit in the united future of civilized peoples'.⁸²

It looked like these hopes might become reality in January 1944 when the provisional Free French government, the French Committee of National Liberation, organised a conference in Brazzaville to discuss the future of France's colonial empire. From the conference emerged a plan to form an International Hygiene Office for Africa, which French authorities hoped would serve to secure French control over a key area of African health administration, demonstrate its commitment to colonial development and forestall attempts to bring African epidemiological services under international oversight.⁸³ In August 1944 the French provisional government requested that Spain join the new organisation. Spanish authorities in Guinea and the Institute of Tropical Medicine in Madrid greeted the proposal with enthusiasm, seeing it as an opportunity to formalise pre-existing patterns of cooperation and strengthen scientific and social links with the other imperial powers.⁸⁴ The Spanish Foreign Office was also happy to

⁷⁸ Peo Hansen and Stefan Jonsson, *Eurafrica: The Untold History of European Integration* (London: Bloomsbury, 2014).

⁷⁹ For a discussion of the idea in the Spanish academic press, see José María Cordero Torres, 'Crónica Internacional', *Cuadernos de Estudios Africanos*, 4 (Oct-Dec 1948), and Bartolomé Mostaza, 'Discurso sobre la continentalización de Euráfrica', *Cuadernos de Estudios Africanos*, 13 (Jan-Mar 1951), 9-26.

⁸⁰ Luis Nájera Angulo, 'La sanidad pública y la colonización africana', *Revista de Sanidad e Higiene Pública*, 18:4 (Jul 1944), 304

⁸¹ *Ibid.*, 302

⁸² *Ibid.*, 304

⁸³ Danielle Domergue-Cloarec, 'Les problèmes de santé à la Conférence de Brazzaville', in Institut Charles-de-Gaulle (ed.), *Brazzaville, Janvier-Février 1944: aux sources de la décolonisation* (Paris: Librairie Plon, 1988), 157-69.

⁸⁴ AGA (15)18 81/08113, DGMC to Gobernador General de los Territorios Españoles del Golfo de Guinea, 22 Aug 1945.

agree to the proposals. The emergence of a new post-war international system posed an even greater threat to its African colonies than it did for Britain and France given the difficult relationship it was clear Spain was going to have with the Allies after the end of the war. Increasing cooperation with the other European imperial powers would serve to strengthen Spain's colonial claims in the post-war era, and afford the opportunity for Spain to develop a wider international role in which its status as a progressive colonial power could be used to overcome the taint of its wartime alignment with the Axis powers.

Post-War Imperial Isolation

The planned African hygiene office, however, never got off the ground, and Spanish involvement with inter-imperial health declined sharply following the end of the Second World War. In Africa, the disruption to medical supplies and global communications which had forced colonial administrations to come together was quickly resolved after the war, and metropolitan governments were able to exert tighter control over the international activities of their colonial officials. The re-emergence of international health systems disrupted by the war also reduced the need for the kind of ad hoc responses to disease outbreaks and epidemiological intelligence that had been developed during the war. At the same time, the international debate about the post-war future of Franco's Spain and its role within the international system meant that the remaining European colonial powers were reluctant to cooperate with the Franco regime.

In West Africa, medical links between Spanish Guinea and its neighbours were restricted to cases of overriding practical importance. The antagonistic post-war relationship between Spain and the new French Republic severely curtailed links with Cameroon and Gabon. Relatively close relations were only maintained with Nigeria, due primarily to the ever increasing numbers of Nigerian migrant labourers working in Fernando Po and Rio Muni and the ongoing controversies surrounding their transport and working conditions. British consular officials made regular visits to plantations in Spanish Guinea in order to inspect living conditions and medical services available to Nigerian labourers, and public health figures in both regions maintained a degree of contact, particularly in the field of leprosy.⁸⁵ In the summer of 1948 the British Governor in Lagos invited his Spanish counterpart in Fernando Po to tour the territory as part of a wider plan to promote inter-imperial cooperation between colonial administrations, including health services, across the West African region. The visit, however,

⁸⁵ AGA, (15)18 81/08109, British Vice Consul in Santa Isabel to GGG, 20 Jun 1945.

was only reluctantly approved by the British Foreign Office because the practical need for cooperation concerning migrant labourers overrode the political disadvantages of being seen to cooperate with Spanish authorities at a time when Spain was still ostracised by the international community.⁸⁶

At the same time, the imminent creation of the UN, and particularly its technical agencies responsible for economic and social development, was causing alarm amongst the European imperial states who feared international interference in their territories driven by the US and the other anti-colonial powers. Responsibility for international health on the continent was formally granted to the WHO in 1946, although its Regional Office for Africa would not be opened until 1951. In response, Britain and France came together in 1950 to create the Combined Commission for Technical Co-operation in Africa south of the Sahara (CCTA), which aimed formalise inter-imperial development cooperation along the lines envisaged by Nájera Angulo, thereby demonstrating that international 'interference' in the continent was unnecessary.⁸⁷ To give the organisation as much weight as possible the Commission included the remaining European imperial powers, alongside South Africa. Crucially, however, Spain was excluded. Although the Franco regime shared the concerns of its European neighbours in regards to international interference, when Madrid applied for membership in 1952 it was rejected at the urging of Britain, which argued that admitting such a 'reactionary' power would only serve to undermine the prestige of the Commission.⁸⁸ The image of Spain as a great, civilizing force in Africa expounded by Matilla, Nájera and other Spanish colonial health experts, was clearly not shared by its fellow colonial powers.

Spain's absence from the post-war inter-imperial club had a direct impact on Spanish involvement in international health work and the country's influence within the WHO. Spain's entry into the WHO in 1951 came just at the moment when the new Regional Office for Africa was being established. Initially the regional committee only comprised the European imperial powers, South Africa, Southern Rhodesia and Liberia, and although Spain's territories were substantially smaller than the other European powers and it was excluded from the inter-imperial CCTA, the new African regional structure seemed to provide its health officials with an opportunity to develop their influence and prestige within the organisation. During the initial stages this appeared to be the intention of Spanish officials both in the colonies and the metropole. In June 1951 Madrid proposed to the WHO that the capital of Fernando Po, Santa Isabel, host the headquarters of the African region, an offer which given the costs and labour

⁸⁶ TNA, FO 371/73364, 'Proposed visit of the Governor of Fernando Po to Nigeria', 4 Jun 1948.

⁸⁷ John Kent, *The Internationalization of Colonialism: Britain, France, and Black Africa, 1939-1956* (Oxford: Clarendon Press, 1992).

⁸⁸ *Ibid.*, 278-79.

involved would have represented a substantial commitment to the organisation at a time of severe financial shortages.⁸⁹ The offer was rejected due to the island's poor air links to the mainland, its lack of accommodation and the need for the government to construct a purpose-built administrative building, and the regional headquarters was eventually established in Brazzaville in French Equatorial Africa, part of wider French efforts to control the new body.⁹⁰

Following this initial burst of enthusiasm, Spain's absence from the CCTA severely limited its influence within the Regional Office. During the early 1950s the CCTA focussed on retaining control of the UN's Technical Assistance programmes. It was heavily involved with the WHO's plans for malaria eradication in sub-Saharan Africa, co-convening a major WHO meeting in Kampala in 1950. Although attention was focussed on the equatorial region, Spain's absence from both the WHO and the CCTA meant that Spanish Guinea was not represented in discussions. After Spain was admitted to the WHO and delegates from the colonial administration began attending meetings of the new Regional Committee for Africa, its influence continued to be curtailed by its limited relationship with the other imperial powers. The CCTA states coordinated their approach towards the Regional Office, using their majority on the committee to influence organisational development and the WHO's Technical Assistance programme in the region.⁹¹ Spain and Liberia were the only non-CCTA members on the committee until the late 1950s, and Liberia complained bitterly about the control which the imperial powers were able to exert through the numerical dominance of the CCTA members.⁹² Reflecting its curtailed influence, Spain only attended four of the nine annual meetings of the Committee during the 1950s, and on only one occasion sent public health officials as delegates, usually relying on diplomatic staff from local embassies and consulates who were unable to present papers or contribute to technical discussions.⁹³ In contrast, the other European powers attended every committee meeting, usually with substantial delegations led by technical personnel. The results of this lack of engagement were reflected in the level of support Spanish territories received during the period. Whilst experts in neighbouring countries in West and Central Africa were receiving substantial support in the form of fellowships and financial contributions to specific programmes, Spanish territories

⁸⁹ *Official Records of the World Health Organization, No. 76. Executive Board, Nineteenth Session, Geneva, 15-30 January 1957*, (Geneva: World Health Organization, 1957), 46.

⁹⁰ *Official Records of the World Health Organization, No. 38: The Work of the WHO 1951*, (Geneva: World Health Organization, 1952), 73.

⁹¹ TNA, CO 859/407, Watson to Rae, 19 Jan 1953.

⁹² TNA, CO 859/407, 'CCTA - Second Session of the World Health Organisation Regional Committee for Africa', 10 Sept 1952.

⁹³ It was not until the twelfth meeting in 1962 when Spanish colonial health officials presented technical papers to the committee. See WHO IRIS, 'Regional Committee for Africa, Report on Twelfth Session', 26 Nov 1962, http://apps.who.int/iris/bitstream/10665/136440/1/EB31_13_eng.pdf (accessed 26 Aug 2015).

were not awarded any direct funding or fellowships until 1956, when a small number of officials began to receive grants to attend international conferences.⁹⁴ During this period, Spanish engagement was limited to the submission of occasional reports about the disease control programmes and health services in Spanish territories.⁹⁵

This lack of engagement reflected the profound ambivalence the Franco regime felt towards the idea of international organisations working in its African territories. When the prospect of UNICEF involvement in mother and infant health programmes in Spanish colonies was raised in 1954, the Spanish Foreign Ministry instructed local officials that, whilst they should maintain contact with the organization to ensure that they did not miss out on future funding opportunities, their priority should be to ‘avoid all funding or influence from the officials of international organisations, harmful to the political and economic interests of Spain in those territories’.⁹⁶ The prioritisation of diplomatic concerns over the interests of colonial health services was in part based on the traditional focus on preventing the spread of infectious diseases to the peninsular. In 1951 the Spanish delegate to the World Health Assembly argued that the work of the Regional Office for Africa should be limited to ‘fight[ing] diseases at their source’ to prevent the spread of infectious diseases such as trachoma and smallpox to Europe.⁹⁷ It also reflected the extent to which the Franco regime saw the WHO as a tool to further its diplomatic goals. The same 1951 debate about membership Regional Office for Africa witnessed what the Spanish Ministry of Foreign Affairs described as a ‘true political battle’ underneath the apparently ‘technical’ nature of the debate, pitting France’s attempt to integrate Morocco into the European region against the Arab states who opposed them.⁹⁸ Spain, eager to further strengthen relations with the Arab states which provided crucial support at the UN, prioritised its diplomatic goals by voting against France, rather than using the opportunity to strengthen cooperation with its imperial neighbour.

This situation only began to change in the early 1960s when Spain’s remaining colonies, particularly Spanish Guinea, began to engage more widely with international health work in the region. In 1961 a group of officials from the Regional Office for Africa visited Fernando Po

⁹⁴ *Official Records of the World Health Organization, No. 75. The World of the WHO, 1956*, (Geneva: World Health Organization, 1957), 114; *Official Records of the World Health Organization, No. 98. The Work of the WHO, 1959*, (Geneva: World Health Organization, 1960), 124.

⁹⁵ See for example report by Enrique Lalonde submitted to 8th session of the Regional Committee, 3 Jun 1956, AGA, 15(5) 81/11527.

⁹⁶ AGA, 15(18) 81/08234, GGG to *Director General del Servicio de Sanidad Colonial*, 30 Aug 1954.

⁹⁷ WHO IRIS, ‘Committee on Administration, Finance and Legal Matters: Provisional Minutes of the Sixth Meeting’, 14 May 1952, 14, http://apps.who.int/iris/bitstream/10665/102166/1/WHA5_AFL-Min-6_eng.pdf (accessed 27 Aug 2015).

⁹⁸ AGA, 82/09200, *Organismos Políticos Internacionales, Cuotas en General de España con Agencias Especializadas y Otros Organismos Internacionales*, 1952-53, 7 Jun 1952.

and Rio Muni for the first time, drawing up a report on health conditions in the territory.⁹⁹ From 1963 the WHO began to help health officials in Guinea to prepare a malaria pre-eradication programme, part of wider pan-African efforts, and from 1967 the US helped to ensure that the territory was included, albeit belatedly, in the WHO's smallpox eradication programme.¹⁰⁰ This increased level of engagement coincided, however, with a new wave of African decolonization, which began to transform Spain's status as a imperial power from the potential source of international prestige and influence it had been in the early 1950s, to a further badge of international opprobrium. The WHO Regional Office increasingly became a vehicle for anti-colonial and anti-apartheid protests, and the Spanish Ministry of Foreign Affairs worked hard in regional forums to disassociate itself from the reviled Portuguese and South African regimes.¹⁰¹ In order to do so they were forced to give African health officials an increasingly prominent role at regional health and development meetings. By 1967, African native health officials made up the majority of the Spanish delegation at the Regional Committee for Africa, and were also sent to represent the territory at the newly formed (and African-led) Coordinating Organization for the Fight against Epidemics in Central Africa.¹⁰² These changes, however, were largely cosmetic. Although Spain's increased engagement with international health in Africa during the 1960s did open some doors to African doctors and health officials in Spanish Guinea and enable local health services to benefit from international projects in the region, the priority for Madrid was to do the minimum necessary to limit Spain's exposure to international criticism by demonstrating a commitment to African development and administration.

Conclusion

In the aftermath of the Second World War, the attitude of all of the European imperial powers towards the UN was shaped by the interests of their empires. This was the particularly the case in sub-Saharan Africa, where all of the imperial powers hoped to maintain and strengthen their imperial holdings as decolonisation and anti-colonial movements spread across Asia. The raw materials, export markets and labour pool these colonies provided, many argued, would be

⁹⁹ AGA, 15(5) 81/11527, *Gobernador general de la Región Ecuatorial to Director general de Plazas y Provincias Africanas*, 28 Aug 1961.

¹⁰⁰ AGA, 15(5) 81/11527, Various documents; *Official Records of the World Health Organization, No. 135: 17th World Health Assembly, Geneva, 2-30 Mar 1964*, (Geneva: World Health Organization, 1965).

¹⁰¹ AGA, 15(5) 81/11527, 'Comisión Económica para África', Feb 1963; WHO IRIS, 'Report of the Director-General on the thirteenth session of the Regional Committee for Africa', 3 Dec 1963, http://apps.who.int/iris/bitstream/10665/136811/1/EB33_25_eng.pdf (accessed 27 Aug 2015).

¹⁰² AGA, 15(5) 81/11527, Leopoldo Martínez de Campo to MAE, 31 Jan 1967; WHO IRIS, 'Regional Committee for Africa, Report on the Seventeenth Session', 7 Dec 1967, http://apps.who.int/iris/bitstream/10665/144320/1/EB41_9_eng.pdf (accessed 27 Aug 2015).

vital to post-war European reconstruction. All were keen to strengthen inter-imperial cooperation in order to hinder the involvement of the UN in African affairs and the challenges to European rule it might pose. The plans for pooling imperial territories and resources under the rubric of 'Eurafrica' were part of this process. The idea of 'development' was central to these plans, with European states hoping to deflect international criticism and growing local anti-colonial movements by demonstrating their commitment to social progress in Africa. Health and medicine were, therefore, a vital part of the attempt to maintain post-war imperial rule across the continent.

The histories of colonial and international health during the nineteenth and early twentieth century had clearly been intertwined, but despite the new rhetoric of universal wellbeing and global health which emerged after the Second World War, colonial health experts and colonial health services continued to play an important role in international health organisations during the end of empire. Whilst international health in south Asia was being 'decolonised', experts from the imperial powers banded together to dominate and control the work of international organisations on the African continent.¹⁰³ As decolonisation approached, many experts found new roles within the emerging field of international development, often transferring their services to NGOs or international health and humanitarian organisations after the colonies they worked in had achieved independence.¹⁰⁴

In many ways, the situation of Franco's Spain was similar to that of its European counterparts, an imperial state faced with the spectre of decolonisation and anxious about its role in the post-imperial world. It too aimed to retain hold over its African territories, and wanted to strengthen inter-imperial cooperation to head off international interference. It too used health and medicine to demonstrate its commitment to African development and its status as a 'civilized' imperial power. The difference was the reality of Spain's imperial power, which fell far short of the grand Francoist rhetoric of the Spanish Empire. Its colonial territories were not significant enough to assure it a place at the table of its imperial counterparts, and the fate of its empire was ultimately dependent on that of its neighbours.

Nevertheless, the Spanish empire in Africa was central to the way in which the Franco regime saw the world and Spain's place within it, particularly prior to 1956. For Francoists, Spain's power and prestige rested both on its glorious imperial past and on its present imperial status. These beliefs brought Spain into conflict with other imperial powers, particularly with France in

¹⁰³ Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-65* (Basingstoke: Palgrave Macmillan, 2006).

¹⁰⁴ Joseph Morgan Hodge, *Triumph of the Expert: Agrarian Doctrines of Development and the Legacies of British Colonialism* (Athens, OH: Ohio University Press, 2007).

North Africa. But they also meant that Francoists saw international cooperation through an imperial lens, aspiring to form part of the numerous networks of inter-imperial cooperation which existed during the period, and staking their claim to participation in international organisations on the basis of Spain's status as an imperial power. Health and welfare stood at the heart of these claims, with the Franco regime and its supporters attempting to portray Spain as an advanced and uniquely civilized imperial power, bringing the full force of modern medicine and Francoist 'social justice' to bear on the health and welfare of its subjects. Spain's colonial health experts enthusiastically embraced the forms of inter-imperial health cooperation which formed around specific disciplines such as tropical medicine, and in specific regions such as West and Central Africa. As such, they stood at the forefront of Francoist Spain's engagement with the outside world during the Second World War. Ironically, however, it was in the field of inter-imperial cooperation that Spain's post-war diplomatic isolation had the greatest impact. Ultimately, empire was not a viable basis to re-establish Spain's post-war position on the world stage.

Chapter Five

Exporting Francoist Modernity: Health, Social Security and *Hispanidad*

At the end of the Second World War the Franco regime launched a new programme to attract Latin American students to study in Spanish universities. In numerical terms the policy was highly successful. By offering scholarships, promoting Spanish universities in the region and offering support with travel and logistics, the government was able to increase the number of Latin American student arriving in Spain from 25 in 1946 to 3100 by 1953.¹ The policy reflected the importance of Latin American to the post-war Spanish government. *Hispanidad*, the idea that Spain stood at the head of a community of Ibero-American nations united by ties of history, culture, religion and language, was central to the domestic discourse and the foreign policy of the Franco regime.² Cultural diplomacy in Latin American was a key element of Francoist foreign policy, particularly during the late 1940s, and the regime hoped that educating the children of Latin American elites in Spain would buttress its influence in the region over the coming decades.

The very first beneficiaries of this new policy arrived in Spain in February 1946, consisting of a group of seventeen students and three professors from the University of Chile's medical faculty.³ Over the following five months the group visited some of the most important medical facilities and institutions across Spain, including the Royal Academy of Medicine and the Anti-Tuberculosis Trust in Madrid, and studied with renowned Spanish medical experts such as Gregorio Marañón and Carlos Jiménez Díaz. When their colleagues returned to Chile in May, six of the students were awarded additional scholarships to continue their studies in Spain for a further year. The importance of the visit was reflected in the size of the scholarships granted at a time of severe financial shortages, and it was followed closely by Spanish diplomats and by the press in both countries. The Spanish ambassador in Chile lauded the significance of the tour in helping to counteract the 'adverse propaganda' in the region which painted the Francoist government as 'nazi-nipo-fascist-falangists', particularly within the 'hostile redoubt'

¹ *El Instituto de Cultura Hispánica: al servicio de Iberoamérica*, (Madrid: Instituto de Cultura Hispánica, 1953).

² Eduardo González Calleja and Fredes Limón Nevado, *La hispanidad como instrumento de combate: raza e imperio en la prensa franquista durante la Guerra Civil Española* (Madrid: CSIC, 1988); Rosa María Pardo Sanz, *Con el franquismo hacia el imperio: la política exterior española en América Latina, 1939–1945* (Madrid: UNED, 1995); Johannes Großmann, "'Baroque Spain' as Metaphor: Hispanidad, Europeanism and Cold War Anti-Communism in Francoist Spain", *Bulletin of Spanish Studies*, 91 (2014), 755–71.

³ AGA 10(18) 54/09379, 'Viaje a España estudiantes Esc. Medicina Universidad de Chile', undated.

of the University of Chile.⁴ Santiago's *El Diario Ilustrado* reported in March that the students had been highly impressed by the experiences in Spain and the 'extraordinary' efforts of the regime in the social and educational sectors.⁵ Pro-Francoist Spanish diaspora groups in Chile described it as a 'journey of Hispano-American brotherhood' which would 'bring together the *Patria* and the countries of the New Continent'.⁶

Under the surface, however, the tour did not progress as smoothly as its sponsors had hoped. Shortly after the initial group had embarked on their return journey to Chile in May, the Ministry of Foreign Affairs received information that one of the students, Isidro Martínez Leyton, was affiliated to the Chilean communist party and had been in contact with 'extremist elements' whilst in Spain.⁷ Although the purpose and extent of this contact was not clear, they suspected that he had been collecting material intended to begin a 'campaign of defamation' against the Franco regime on his return to Chile. The Spanish ambassador in Santiago warned his counterparts in Argentina, Uruguay and Brazil about the student's imminent arrival, and with the collusion of Brazilian security services was able to arrange for his belongings to be surreptitiously searched when the boat docked in Rio. No seditious material was found, but the Brazilian security services continued to follow him around the city and were able to report that he had deposited a large amount of money in a local bank, before the trail went cold.⁸

Further problems soon emerged. In September a Spanish resident of Santiago wrote to the Spanish ambassador to denounce Elsa Acuña, another of the students who had received the extended scholarships to stay on in Spain, whom she claimed was engaging in anti-Francoist 'propaganda'. In numerous letters home to family and friends, the informant alleged, Acuña had:

rudely criticised the current regime... saying that leading figures in the government dedicate themselves to robbery and contraband..., that there are no kinds of freedoms, that if anyone complains they are persecuted, and that all Spaniards are silenced and watched, that people are dying of hunger whilst those in the government lack for nothing.⁹

The ambassador passed the information on to the Ministry of Foreign Affairs in Madrid, with a request that Acuña's funding be withdrawn. The newspaper *La Hora*, meanwhile, reported that the Federation of Chilean Students had denounced those students who had organised the

⁴ AGA 10(18) 54/09379, Marqués de los Arcos to MAE, 6 Jan 1946.

⁵ AGA 10(18) 54/09379, *El Diario Ilustrado*, 24 Mar 1946.

⁶ AGA 10(18) 54/09379, letters to the Spanish ambassador from the *Circulo Español*, the *Comité de Presidentes de Sociedades Españoles* and the *Union Española*, 4-10 Jan 1946.

⁷ AGA 10(18) 54/09379, MAE to Santiago Ambassador, 19 May 1946.

⁸ AGA 10(18) 54/09379, various correspondence between the Ambassadors in Santiago, Rio, Montevideo and Buenos Aires.

⁹ AGA 10(18) 54/09379, Carmen Sanchez y Suarez to Daniel Castel, 13 Sep 1946.

tour and spoken positively about Franco's Spain as 'well-known fascists' aiming to undermine the solidarity between Chilean students and the Spanish people.¹⁰ The diplomatic and propaganda aims the Franco regime had hoped to achieve through the tour had clearly not been entirely realised.

The tour illustrates the important but contested role health and medicine played in attempts by Franco's Spain to establish itself as an influential power within Latin America during the 1940s and 1950s. The Francoist concept of *Hispanidad* was based on Spain's historical role in the colonisation of Latin America, and on a shared conservative, Catholic-based social and political order. The Franco regime, however, also wanted to promote the image of Spain as a technically, economically and socially advanced state, and thus attempted to reconcile its traditionalist vision of *Hispanidad* with aspects of economic and scientific modernisation.¹¹ By helping Spanish experts to form ties with their Latin American colleagues and by supporting Latin Americans to study and work in Spain, the regime aimed to promote an image of the Francoist state as modern, scientific and technologically-advanced on the one hand, and as socially progressive on the other. Despite the significant resources dedicated to this task, the Francoist narrative was strongly resisted both by Latin American leftists, and by the many Spanish Republican health experts who had gone into exile in the region after the end of the Civil War, and who promoted a more equal and collaborative model of Ibero-American cooperation. Nevertheless, Latin America did offer a route through which Francoist experts were able to engage with wider forms of international health in certain instances, and in areas such as social security and health insurance, provided an opportunity to promote a vision of Francoist modernity to the outside world.

This chapter will examine the involvement of Spanish health experts in Latin America during the 1940s and 1950s, and the role of health in the Franco regime's *Hispanidad* policy. It will begin by setting out the importance of health experts within Francoist cultural diplomacy in the region as part of the attempts to present Franco's Spain as a modern and modernising power. Unlike the relationship between Spanish health experts and Nazi Germany, or with French and British African colonies during the Second World War, their involvement with Latin America was directed and promoted by the state as a coordinated aspect of the regime's foreign policy. The chapter will then examine the position of Republican exiles in the Latin American medical community and their impact on the engagement of Francoist experts in the region, using the example of international leprosy networks to demonstrate how Latin America

¹⁰ AGA 10(18) 54/09379, *La Hora*, 3 May 1946.

¹¹ Antonio Cañellas Mas (ed.), *La tecnocracia hispánica: ideas y proyecto político en Europa y América* (Madrid: Trea, 2016).

provided a gateway through which Francoist experts could engage in wider forms of international health activity despite the opposition they encountered. Finally, it will show how the fields of health insurance and social security were used by both the Franco regime and Spanish experts to promote their influence in the region from the 1950s, adopting the language of development and technical cooperation to position Spain as a model for those Latin American states looking to develop their social security systems in response to the perceived threat of communism.

Health, *Hispanidad* and Cultural Diplomacy

In the absence of significant political, economic or military influence in the region, Francoist attempts to enhance Spain's influence in Latin America were focussed on cultural diplomacy. These efforts were led by the Institute of Hispanic Culture (*Instituto de Cultura Hispánica*; ICH) and its predecessors. The ICH aimed to win the allegiance of national elites and Spanish expatriates in the region, primarily by building educational, cultural and professional ties with universities, business and professional groups.¹² Although focussed on cultural activity, its work was not a marginal part of Francoist diplomacy. In 1946 close to 20% of the Ministry of Foreign Affairs's budget was dedicated to cultural initiatives, the vast majority aimed at Latin America.¹³ During its peak in the 1940s and early 1950s, science, particularly the medical sciences, played a central role in Francoist cultural diplomacy in the region. This was partly explained by the fact that exchanges and visits involving experts and students could be promoted on 'technical' and scientific grounds, despite the often antagonistic relationships between Latin American republics and the Franco regime. Beyond that, however, lay the goal of using medical experts to promote a modern, scientific and technologically-advanced image of Franco's Spain, at a time when the exile of many of the country's leading scientists following the end of the Civil War had severely weakened the regime's modern and modernising credentials. In this sense, Francoist cultural diplomacy differed from the model of Cold War-era US cultural diplomacy which has dominated much of the relevant historiography, and which was aimed at winning a global ideological and cultural battle against the communist bloc.¹⁴ Instead, it much more closely resembled the efforts of interwar states such as Weimar Germany or the Soviet Union, which had been marginalised within the international community, to use their artistic, technical and scientific pedigree and traditions to build

¹² María A. Escudero, *El Instituto de Cultura Hispánica* (Madrid: Ediciones Mapfre, 1994).

¹³ Lorenzo Delgado Gómez-Escalonilla, *Diplomacia franquista y política cultural hacia Iberoamérica, 1939-1953* (Madrid: Consejo Superior de Investigaciones Científicas, 1988), 119.

¹⁴ Tony Shaw, 'The Politics of Cold War Culture', *Journal of Cold War Studies*, 3 (2001), 59-76.

bilateral and multilateral relations, and to bolster their prestige and standing within the international community.¹⁵

The concept of *Hispanidad* had emerged well before the formation of the Franco regime. Its roots lay in the Spanish regenerationist movement of the late 19th and early 20th centuries and the attempt to articulate a new model of national identity for post-imperial Spain. It was supported by business, academic and cultural elites in Spain, and after the First World War by Spanish governments keen to boost the country's foreign trade and international standing. Forging a new Ibero-American community, they hoped, would help both regions to strengthen their political, economic and cultural position on the global stage, and to facilitate the moral regeneration and structural modernization which would help Spain reclaim its position as a world power.¹⁶ Alongside this regenerationist vision, conservative thinkers such as Ramiro de Maeztu developed a more nationalist and traditionalist conception of *Hispanidad* based around Catholic values, the historical role of the Spanish empire in expanding global Catholicism (the 'empire of faith'), and the idea of Ibero-American identity as a counterpoint to liberal and secular forms of modernity.¹⁷

Latin America was also a focus for Spanish fascist thinkers prior to the Civil War, and it formed an important part of the Falangist imperial imagination during the late 1930s and early 1940s.¹⁸ The influence of Falangist leaders over Spanish foreign affairs in the immediate aftermath of the Civil War ensured that they played a central role in the regime's initial ties with Latin America. In November 1940 Serrano Suñer's Ministry of Foreign Affairs established the Council of Hispanidad (*Consejo de Hispanidad*) to promote the interests of Spain and the cause of the 'New Europe' in the region, and to counter the influence of the US and its allies. Although the Council received some support from pro-Axis activists and business, religious and military elites across Latin America, its overtly imperialist tone meant that it was widely distrusted, and its practical attempts to improve cultural ties were hampered by disruptions to travel and communication caused by the war.¹⁹

¹⁵ Susan Gross Solomon (ed.), *Doing Medicine Together: Germany and Russia Between the Wars* (Toronto: University of Toronto Press, 2006); Jean-François Fayet, 'VOKS: The Third Dimension of Soviet Foreign Policy', in Jessica Gienow-Hecht and Mark C. Donfried (eds.), *Searching for a Cultural Diplomacy* (Oxford: Berghahn, 2010).

¹⁶ Delgado Gómez-Escalonilla, *Diplomacia franquista*, 18-28.

¹⁷ Ramiro de Maeztu, *Defensa de la Hispanidad* (Madrid: Ediciones Fax, 1934).

¹⁸ Nil Santiáñez, *Topographies of Fascism: Habitus, Space, and Writing in Twentieth-Century Spain* (Toronto: University of Toronto Press, 2013), 168-76.

¹⁹ Delgado Gómez-Escalonilla, *Diplomacia franquista*, 63-77; Lorenzo Delgado Gómez-Escalonilla, *Imperio de papel: acción cultural y política exterior durante el primer franquismo* (Madrid: Consejo Superior de Investigaciones Científicas, 1992), 267-75.

The end of the Second World War and the appointment of Martín Artajo as Foreign Minister provoked a shift in the Francoist approach towards Latin America. The region remained central to Spanish foreign policy despite the fact that the majority of Latin American states, barring Peron's Argentina, broke off ties with Spain in 1946. Most, however, rejected calls for international intervention in Spanish affairs, and ultimately formed the bedrock of support for Spain's admittance to the UN in 1955.²⁰ Artajo's ministry shifted the language of *Hispanidad* away from the idea of Spanish leadership of a political community to one which promoted the cultural, historical and spiritual ties between the Iberian and Latin American regions, with Spain presented as the unifying 'mother country' or as the 'bridge' between the two regions.²¹ Although Spain's presence in the Latin American region implied a challenge to the US and to the Pan-American movement, this cultural vision of *Hispanidad* aimed to position Spain as a positive regional partner. Francoist proponents of *Hispanidad* presented Spain, not as a rival to the US, but as an historical partner in the foundation of an 'Atlantic civilization' which united the Iberian and Anglo-Saxon worlds.²²

In 1946 Artajo re-established the Council of Hispanidad as the Institute of Hispanic Culture (*Instituto de Cultura Hispánica*; ICH). Scientific and medical links with Latin America were coordinated by the ICH (and the Council of Hispanidad prior to 1946), with the support of the CSIC and the Ministry of Foreign Affairs' Committee of Cultural Relations.²³ A primary strand of their work, particularly after 1946, involved encouraging Latin American students to study in Spanish universities through the provision of scholarships and student support services. The Chilean medical students visiting Spain in 1946 had been amongst the first beneficiaries of this programme, with the number of Latin American students in Spain rising rapidly thereafter.²⁴ The ICH coordinated a network of colleges and residences for Latin American students, providing scholarships, subsidised accommodation and a range of cultural activities to support their studies. Although the ICH did not publish breakdowns of student numbers by subject, medicine and medical students were given a prominent place in the organisation's publications

²⁰ Florentino Portero, *Franco aislado: la cuestión española, 1945-1950* (Madrid: Aguilar, 1989), 125-27; Raanan Rein, *The Franco-Perón Alliance: Relations between Spain and Argentina, 1946-1955* (Pittsburgh: University of Pittsburgh Press, 1993). An important exception was Mexico (and to a lesser extent Guatemala), which provided active support to the Republican government in exile and continued to denounce the Franco regime long after other countries in the region had come to accept it.

²¹ Rosa Pardo Sanz, 'De puentes y comunidades: balance historiográfico sobre las relaciones con América Latina', in Lorenzo Delgado Gómez-Escalonilla, Ricardo Martín de la Guardia and Rosa Pardo Sanz (eds.), *La apertura internacional de España: entre el franquismo y la democracia, 1953-1986* (Madrid: Silex, 2016), 127-66.

²² Delgado Gómez-Escalonilla, *Diplomacia franquista*, 100-01.

²³ On the CSIC's links with Latin American during the 1940s and 1950s, see Lorenzo Delgado Gómez-Escalonilla, 'Dimensión internacional del CSIC', in Miguel Ángel Puig-Samper Mulero (ed.), *Tiempos de investigación: JAE-CSIC, cien años de ciencia en España* (Madrid: CSIC, 2007), 269-78.

²⁴ *El Instituto de Cultura Hispánica*.

and publicity materials, which emphasised the opportunities for students to study with internationally-renowned experts such as Gregorio Marañón.²⁵ Encouraging student exchanges, the ICH hoped, would not only improve the contemporary image of Spain across the region through the positive reports of returning students, but would help to cement Spain's long-term influence by ensuring that the next generation of Latin American elites gained direct experience of Spanish life.²⁶

The other major form of engagement with Latin America promoted by the ICH and others involved supporting the visits of Spanish scientists and health experts to the region. One of the earliest and most prominent examples was the visit of Carlos Jiménez Díaz to Argentina, Chile and Peru at the end of 1943. The tour, which involved a series of conferences and lectures across the three countries, during which Jiménez Díaz was awarded various awards and honorary doctorates, was funded by the Council of Hispanidad with considerable logistical and political support from the Ministry of Foreign Affairs. Coming at the height of the Second World War when travel between Spain and Latin America was increasingly complicated, it provoked significant interest on both sides of the Atlantic, with Jiménez Díaz's return making the front page of many Spanish newspapers and leading to a personal audience with Franco.²⁷ Accounts of his visit reflected the extent to which Jiménez Díaz was regarded as an ambassador for Francoist Spain through his ability to project a positive impression of the country's scientific and medical prestige. The newspaper *ABC* reported that his lectures had provided the Latin American scientific public with lessons about 'the progress of medical science, to which Spanish talents have always made such a great contribution', and had reawakened 'the oldest roots of pride' in Spanish science.²⁸ The Council of Public Health lauded his work in 'raising the prestige of Spain amongst the hispano-american nations'.²⁹

The celebration of Jiménez Díaz's visit reflected a wider belief amongst the Francoist foreign policy establishment in the importance of science and medicine to Spanish diplomacy in the region. When the Spanish ophthalmologist, Hermenegildo Arruga, attended an international congress in Uruguay in 1945, the Spanish ambassador called on the Ministry of Foreign Affairs to encourage further visits from Spanish scientists, whom he described as 'magnificent expressions of the reality of Spain, so often misrepresented and poorly understood', and

²⁵ Ibid., 21.

²⁶ Delgado Gómez-Escalonilla, *Imperio de papel*, 161.

²⁷ M. Jiménez Casado, *Doctor Jiménez Díaz, vida y obra: la persecución de un sueño* (Madrid: Fundación Conchita Rábago de Jiménez Díaz, 1993), 344-45.

²⁸ 'Mañana, domingo, llegará a Madrid el profesor Jiménez Díaz', *ABC*, 12 Feb 1944, 8.

²⁹ Quoted in Jiménez Casado, *Doctor Jiménez Díaz*, 341.

whose 'words and presence are the best and highest propaganda for our country'.³⁰ 'Science', argued the Foreign Minister Martín Artajo in 1950, 'has strengthened our vigorous international presence, at the same time as it has attracted vast swathes of opinion amongst the world's most distinguished figures'.³¹ The value of scientists and doctors for Spanish foreign policy lay in their ability project an image of a positive, modern and forward-looking Spanish state to Latin American elites, and the idea that the views of 'independent' experts would carry more weight than those of diplomats and officials.

'We don't want Francoists here!' Exiles, Opposition and International Health

The influence of Spanish scientists and health experts over Latin American elites was challenged, however, by the huge number of Spanish exiles who had made their home in the region following the Second World War. The Francoist diplomats encouraging the visits of Spanish experts to Latin America hoped to counter the negative image of the regime promoted by those exiles and their supporters on the left, but were unable to prevent the exile opposition from challenging their efforts. During his 1943 tour of the region, for example, a lecture delivered by Jiménez Díaz in Chile was met by shouts of 'Fascist! We don't want Francoists here!'³² The problems experienced during the tour of Chilean medical students to Spain later that year highlighted the difficulties Francoist authorities faced in managing and countering these forms of opposition. Spanish exiles in Latin America promoted an alternative model of Ibero-American cooperation in which Spain stood as an equal and collaborative partner rather than a spiritual and cultural leader. Their example risked throwing into stark relief the hierarchical and imperialistic undertones which remained within the Francoist discourse of *Hispanidad*, even after the more overt neo-imperialism of the Falange had been jettisoned. Nevertheless, the prominent role of Spanish exiles in the Latin American medical community did not prevent Francoist experts from engaging with the region. As the strength of opposition began to die down from the end of the 1940s, they were even able to use Latin America as a springboard to reconstruct ties with international health organisations and networks which had been damaged by Spain's post-war diplomatic isolation, particularly in the field of leprosy.

The estimated half a million Spaniards who fled into exile during and immediately after the Spanish Civil War included a large proportion of the country's scientific, cultural and

³⁰ AGA, (10)89 54/10090, Montevideo Ambassador to MAE, 5 Dec 1945.

³¹ Alberto Martín Artajo, *La política internacional de España en 1945-1950* (Madrid: Oficina de Información Diplomática, 1950), 16.

³² Jiménez Casado, *Doctor Jiménez Díaz*, 334.

intellectual elites. Most fled in the first instance to France, with many later building new lives in Mexico and, to a lesser degree, Argentina, Venezuela, Cuba and the United States. The field of medicine was particularly well represented among Spanish exiles, including internationally-renowned researchers and experts such as Gustavo Pittaluga and Félix Martí Ibáñez, as well as hundreds of doctors and nurses who often went on to play important roles in the medical communities of their adopted countries.³³ In Mexico alone, 500 Spanish doctors were granted residence between 1939 and 1940, representing 10% of the total number of doctors in the entire country.³⁴ Mexico welcomed a broad range of Spanish exiles and provided a base for the Republican government in exile, but was particularly keen to welcome Spanish intellectual immigration to help develop its university system. Spanish doctors, who struggled to gain accreditation in many countries due to a lack of available documentation, were supported in Mexico via a special system of accreditation which allowed doctors to be examined verbally by a panel of Mexican and Spanish experts.³⁵ Spanish health experts also played an important role in the development of public health, medical training and nursing in Venezuela, and went on to establish successful medical careers elsewhere across Latin America.³⁶

Spanish scientists in exile set up structures and institutions which would help them to re-establish their careers and integrate into the scientific communities of their adopted countries. The Union of Spanish University Professors Abroad (*Unión de Profesores Universitarios Españoles en el Extranjero*; UPU EE) was co-founded by the malariologist and public health expert Gustavo Pittaluga in Paris in 1939, later moving to Cuba and Mexico. Alongside Pittaluga, doctors and medical researchers played a prominent role on its governing board, helping to lobby the Allied powers and the United Nations in favour of the Republican cause, and setting up initiatives to support and promote the work of exiled scientists and

³³ Herman A Bogdan, 'Félix Martí-Ibáñez - Iberian Daedalus: The Man Behind the Essays', *Journal of the Royal Society of Medicine*, 86 (1993), 593-96; Esteban Rodríguez Ocaña and Iris Borowy, 'Gustavo Pittaluga (1876-1956): Science as a Weapon for Social Reform in a Time of Crisis', in Iris Borowy and Anne Hardy (eds.), *Of Medicine and Men: Biographies and Ideas in European Social Medicine between the World Wars* (Frankfurt am Main: Peter Lang, 2008), 173-97. Another medical exile of note was the former President of the Republic and leader of the Republican government-in-exile, Juan Negrín.

³⁴ Josep Lluís Barona and Joan Lloret Pastor, 'El exilio republicano como suceso histórico', in Josep Lluís Barona (ed.), *Ciencia, salud pública y exilio: España, 1875-1939* (Valencia: Seminari d'Estudis, 2003) 24; Josep Bernabeu Mestre, 'La contribución del exilio científico español al desarrollo de la salud pública venezolana: Santiago Ruesta Marco, 1938-1960', in Josep Lluís Barona (ed.), *Ciencia, salud pública y exilio: España, 1875-1939* (Valencia: Seminari d'Estudis sobre la Ciència, 2003), 223-56.

³⁵ Francisco Giral, *Ciencia española en el exilio, 1939-1988* (Madrid: Aula de la Cultura Científica, 1989), 14-18. See also oral history interviews with exiled doctors and medical researchers who worked in Mexico held at the *Centro Documental de la Memoria Histórica*, Salamanca (CDMH), 'Refugiados españoles en Méjico – Proyecto de Historia Oral', books 13, 75, 76, 80, 83, 100.

³⁶ Encarna Gascón Pérez, María Eugenia Galiana-Sánchez and Josep Bernabeu Mestre, 'La aportación de las enfermeras visitadoras sanitarias al desarrollo de la enfermería venezolana', in Josep Lluís Barona (ed.), *Ciencia, salud pública y exilio: España, 1875-1939* (Valencia: Seminari d'Estudis sobre la Ciència, 2003), 99-130; Bernabeu Mestre, 'La contribución'.

academics.³⁷ Its most successful initiative was the exile-run journal *Ciencia*, which began publication in Mexico in 1940 and continued for 35 years.³⁸ It primarily published work by Spanish exiles, but also included articles by scientists from Brazil and other Latin American countries including Bernardo Houssay, the Nobel Prize-winning Professor of Physiology at the University of Buenos Aires. It also served to keep the exile community up-to-date with international developments through a regular section summarizing key articles from international journals, as well as articles submitted by scientists from the US, UK, Germany, France and Italy. When the International Institute of Scientific Information in Philadelphia began to compile summaries of the major scientific journals in the world during the 1960s, *Ciencia* was included as one of only seven Spanish language journals.³⁹ The success of the journal helped Spanish to establish prominent and influential roles within Latin American scientific communities.

In addition to the overt efforts of Spanish exiles to campaign against the Franco regime, their presence in the region represented an implied challenge to the Francoist conception of *Hispanidad* and the role of science and medicine within it. At their conference in Havana in September 1942, the UPUUE set out its view of the relationship between Spanish exiles and Latin America:

The Spanish people, linked by blood, language and beliefs with the Republics which in other times made up the Spanish Empire, take pride in their achievements, harbour no imperial ambitions, and desire a fraternal collaboration to maintain and enrich our common heritage, whilst expressly adhering to the principle of interamerican solidarity and fervently desiring to contribute to the harmonious understanding between the racial and cultural elements which make up the western hemisphere.⁴⁰

Although, like their Francoist counterparts, Spanish exiles emphasised the historical, linguistic and cultural ties between Spain and Latin American, they explicitly denounced the imperialist pretensions which, particularly during the early 1940s, had so clearly influenced the Falangist-inspired vision of *Hispanidad*. Instead of the Spanish-led Ibero-American networks promoted by the ICH, Republican exiles explicitly called for equal and reciprocal forms of collaboration. The references to 'interamerican solidarity' and the 'western hemisphere' also emphasised their eagerness to work with colleagues in the United States and their distance from the Francoist goal of challenging pre-existing pan-American institutions and networks.

³⁷ Giral, *Ciencia española en el exilio, 1939-1988*, 12-13.

³⁸ *Ibid.*, 32-37.

³⁹ *Ibid.*, 43.

⁴⁰ 'La Reunión de la UPUUE, La Habana, septiembre de 1942', *Boletín Informativo de la Unión de Profesores Universitarios Españoles en el Extranjero*, 2-5 (Sep-Dec 1943), 9.

In contrast to the inclusive and collaborative approach of the Spanish exiles, many Francoist officials and health experts continued to couch scientific ties within imperialist and nationalist rhetoric well beyond the end of the Second World War. A prime example was the involvement of the Spanish Catholic nursing association, *Salus Infirmorum*, with Catholic nursing groups in the region.⁴¹ The leader of *Salus Infirmorum*, Maria de Madariaga, was involved in an ongoing battle with her French counterparts to ensure that Spain acted as the primary link between nurses in Latin America and the international Catholic nursing association, CICIAMS. Her cause was actively supported and funded by the ICH and the Ministry of Foreign Affairs. In 1949 the ICH's director, Joaquín Ruiz Giménez, wrote to the Spanish ambassador in Montevideo lauding Madariaga's efforts to assert Spain's 'rights' in the region by promoting the ties of *Hispanidad* over French claims based on a broader *latin* identity, and setting out the benefits of ensuring that Catholic nursing groups in Latin America were 'tied to Spain'.⁴² When Madariaga toured the region in 1954, the *Salus Infirmorum* journal drew enthusiastic parallels with the history of the *conquistadors* and Spain's imperial past:

[Madariaga] passes her days and nights inventing ways to conquer
[*conquistar*] the whole world for Christ and for Spain. Poring indefatigably
over the map she plans out the possible conquests [*conquistas*], not only
within our borders but also outside of them.⁴³

Although Madariaga was not aiming to subjugate or dominate Latin American nursing associations, these kind of references to Spain's colonial past and imperialist language which accompanied them clearly contrasted with the more inclusive rhetoric of Spanish exile groups. As a result of these attitudes, and of the continued role of the Spanish Ministry of Foreign Affairs in promoting cultural ties to Latin America, Spanish experts in the region continued to face suspicions that they were acting as a front for quasi-imperialist Spanish foreign policy ambitions.

Despite the importance of Spanish exiles within the Latin American medical community, there is little evidence that they actively sought to prevent the engagement of Francoist experts with Latin America, or that they strengthened anti-Francoist sentiment amongst their Latin American colleagues. In fact, in a number of cases Latin America acted as a springboard for Francoist experts to engage with wider international health organisations and networks, sometimes with the support of Spanish exiles. In part this was the result of their shared language, which meant that the Latin American scientific community provided a forum for the work of Francoist experts to gain exposure outside of Spain. The pharmacologist Benigno

⁴¹ For more on *Salus Infirmorum* and its international links, see chapter 6.

⁴² AGA, (10)89 54/10098, Joaquín Ruiz Giménez to Montevideo Ambassador, 9 Aug 1949.

⁴³ 'Maria de Madariaga visita varios países de la América Latina', *iFirmes!*, 7 (Oct 1954), 7.

Lorenzo-Velázquez, for example, was one of the most internationally-active experts in Franco's Spain during the 1950s, and attributed much of his international standing to the popularity of his work in Latin America. In particular, his invitation to join the WHO expert committee on narcotic drugs in 1952 was the result of a visit by the committee's chairman to Buenos Aires where he was introduced to Lorenzo-Velázquez's major work on pharmacology.⁴⁴ The personal, cultural and linguistic ties between Spanish experts and their Latin American colleagues provided access to the professional networks so crucial to the field of international health, in which appointments and professional opportunities were often based on reputation and personal connections.

In other cases Latin American experts provided more active support for Francoist medical authorities looking to establish connections with international health organisations and networks. The clearest example of this was the crucial role played by Latin American governments in supporting Spanish membership of the WHO between 1946 and 1951.⁴⁵ Below this level, Latin American experts supported the involvement of Franco's Spain in a wide range of international health networks, including specialist bodies such as the International Leprosy Association. The VI International Leprosy Congress held in Madrid in 1953 was one of the first international medical congresses hosted by Franco's Spain, and was given an extraordinarily high profile by the regime as evidence of Spain's re-integration into the international scientific community. The decision to host the event in Spain had been taken at the conference held in Havana five years previously. The Cuban organisers had agreed to invite a Spanish delegation at a time when Francoist experts were excluded from many other international medical conferences. The Spanish delegates had then actively lobbied for Madrid to host the proceeding conference, and had succeeded in part due to the support of Latin American delegates. The report on the conference in the Spanish medical journal *Ser* also alleged that the proposal had received support from unnamed Spanish exiles living in Mexico.⁴⁶

Francoist health authorities saw the field of leprosy as an ideal forum for promoting Francoist medicine to the wider world, and particularly to Latin America. The symbolic value of the disease within Catholic culture meant that it could be used to link the idea of Spain as a modern, scientifically-advanced power with its historical role as the defender and promoter of Catholic values. Speaking at the 1953 Madrid conference, the Interior Minister Blas Pérez González presented the care of lepers as an integral part of Spanish history, highlighting the

⁴⁴ Benigno Lorenzo Velazquez, *Memorias: enseñanzas de una vida* (Madrid: Garsi, 1984), 58.

⁴⁵ See chapter 3 for further details of the role of Latin American states in the WHO membership debate.

⁴⁶ 'Sanitaria Internacional - Congreso de Leprología en Cuba', *Ser*, 71 (1948), 25-58.

humanitarian efforts of historical figures from El Cid to the *Reyes Católicos*.⁴⁷ This proud history, he argued, was reflected in the expertise of contemporary Spanish leprosy experts and the advanced nature of leprosy treatment in Spain, following its neglect under the Second Republic. José Palanca told delegates that Spain had worked so hard to ensure the international conference came to Madrid because 'we wanted to show you our medical achievements and our campaign against leprosy which we in Spain carried out alone, without anyone's help and despite difficult economic conditions'.⁴⁸ The treatment of leprosy, he argued, was unique in combining 'a strict scientific character', with the 'humanitarian, altruistic and disinterested qualities' which characterised Spanish medicine.⁴⁹ The uniqueness of Spanish medicine, according to this argument, lay in its combination of advanced technical expertise with the socially progressive and humanitarian principles which underpinned the Francoist state.

The organisers of the conference, who included leading Spanish leprosy experts, the Interior Ministry, the Department of Health and the ICH, saw it as an opportunity to promote the scientific and social credentials of the regime to the outside world, organising extensive tours of medical facilities and providing information to delegates about the triumphs of Francoist public health.⁵⁰ Their efforts were targeted primarily at the Latin American experts who made up a majority of the foreign delegates, with the historical role of Spanish missionaries in Latin American leper colonies and the religious symbolism of the disease used to support the idea of a distinctive Ibero-American approach to leprosy care. The success of these efforts was both reflected and reinforced by the newly-founded Ibero-American College of Dermatology, which had been established after the 1948 conference and was developed further in Madrid. The work of the organisation was supported and part-funded by the ICH, with Spanish leprosy experts holding key leadership positions over the following decade.⁵¹ The prominent role Spain was able to play in the field of leprosy both internationally and within the Ibero-American region reflected the extent to which, despite the presence of exiled Spanish physicians, Latin America acted as a gateway for Francoist experts to gain access to wider forms of international health. Links with Latin America provided Francoist experts with the international exposure, networks and contacts required to promote their involvement in international organisations, and in a number of cases to establish new Ibero-American patterns and networks of international cooperation.

⁴⁷ *Memoria del VI Congreso Internacional de Leprología*, (Madrid: Gráficas González, 1954), 126-29.

⁴⁸ *Ibid.*, 51.

⁴⁹ *Ibid.*, 50.

⁵⁰ *Ibid.*

⁵¹ Carlos F. Gatti and Dante A. Chinchilla, 'Reseña Histórica del CILAD', *Medicina Cutánea Ibero-Latino-Americana*, 33 (2005), 11-39.

Social Security, Health Insurance, and the 'Social Voice of Spain' in Latin America

The 1950s witnessed a shift in the Francoist approach to *Hispanidad* away from purely cultural relations towards a focus on technical development and the idea of a shared Catholic, anti-communist modernity.⁵² This shift was reflected in the attempt to establish Spain as a model for the development of social security in Latin America, particularly in the field of health insurance. *Inter-American* cooperation in the field of social security had been taking place since the 1930s, and had been promoted by the Inter-American Committee of Social Security (*Comité Interamericano de Seguridad Social*) which in 1942 had published the Declaration of Santiago de Chile setting out the fundamental principles of social security for workers on the continent.⁵³ From the early 1950s however, the ICH, in collaboration with the Ministry of Foreign Affairs, the Ministry of Labour and the National Welfare Institute (INP), actively supported attempts to form an alternative *Ibero-American* community of social security experts, beginning with the first Ibero-American Social Security Conference held in Madrid in 1950. Despite the limited and ineffective character of the Spanish social security system, particularly in the field of health, Spanish experts and officials used it to promote the image of the Francoist state as both modern and socially progressive. These efforts reflected the post-war western consensus that welfare and technical development were vital to counter the global spread of communism. Whilst the US, however, saw technical development as a means to secure the allegiance of Latin American, Asian and African states to the western cause, Francoist politicians and experts aimed to establish an Ibero-American 'third way' between communism and the capitalist welfare state, based on the model of a Spanish social security system underpinned by a shared set of Catholic values.

Despite the rhetoric of social justice employed by the regime, the Francoist social security system was piecemeal, fragmented, under-funded and largely ineffective. During the 1940s the regime introduced new family benefits, limited unemployment schemes and a partial minimum wage, as well as labour reforms largely designed to bring workers under the control of the official unions (*sindicatos*) and to remove women from the workplace. Much of the impetus for the reforms came from ministers linked to the *Movimiento*, which saw itself as the embodiment of the regime's 'social' foundations, and which was engaged in an ongoing struggle with Catholic groups to control social and welfare policy.⁵⁴ The centrepiece of early-

⁵² Antonio Cañellas Mas, 'La técnica al servicio de la Hispanidad: un proyecto tradicionalista', in Antonio Cañellas Mas (ed.), *América y la Hispanidad: historia de un fenómeno cultural* (Pamplona: Euns, 2011), 181-208.

⁵³ Carlos Martí Buñil, *Presente y futuro del seguro social* (Madrid: Studium, 1947), 59.

⁵⁴ On the development of the Francoist social security system, see Jorge Molero Mesa, 'Enfermedad y previsión social en España durante el primer franquismo (1936-1951): el frustrado seguro obligatorio

Francoist social legislation was the introduction of the compulsory sickness insurance scheme, the SOE, which was adopted in 1942 and implemented in 1944. Despite the grand propaganda claims attached to it, in reality it amounted to a modest scheme which provided limited coverage to approximately 8 million urban Spanish workers and their families, but which provided no support for the rural labourers who made up over half of the workforce. It was entirely funded by mandatory contributions from workers and employers, with no funding from general taxation. Its administration was divided between an array of mutuals, insurance providers and political bodies (syndicates and organisations linked to the *Movimiento*), and its rushed implementation meant that from the start it faced widespread financial and logistical difficulties.⁵⁵ Unlike other welfare schemes being introduced in post-war Europe, the Francoist health and social security system was neither universal nor redistributive.

Despite these limitations, the Franco regime and Spanish social security experts were able to establish a thriving Ibero-American network promoting collaboration in the field of health insurance and social security, in which the Francoist system was promoted as a successful model for the wider region. The first successful attempt to formalise Spain's leading role in the region was the Ibero-American Conference of Social Security held in Madrid in 1950. The conference was attended by representatives from sixteen Latin American states, the Philippines and Portugal, with many sending government ministers at the head of delegations of national experts, the only notable exception being Mexico. Observers also attended from Italy, Belgium and the International Association of Social Security, and the conference received statements of support from the ILO and the Organization of American States (OAS). As well as providing the Franco regime with an international platform on which to promote its 'social' credentials, the conference also agreed to establish a new Ibero-American Commission of Social Security, based in the ICH in Madrid and lead entirely by Spanish experts, which would act as a clearing house for information about social security in the region and organise the provision of scholarships and training for experts in the field.⁵⁶ The organization put on a more permanent footing following the second conference held in Lima in 1954, when it was

contra la tuberculosis', *Dynamis*, 14 (1994), 199-225; Arturo Álvarez Rosete, '¡Bienvenido, Mister Beveridge! El viaje de William Beveridge a España y la previsión social franquista', *International Journal of Iberian Studies*, 17 (2004), 105-16; Pedro González Murillo, 'La política social del franquismo: el Seguro Obligatorio de Enfermedad', *Aportes*, 20 (2005); Jerònia Pons-Pons and Javier Silvestre Rodríguez (eds.), *Los orígenes del Estado del Bienestar en España, 1900-1945: los seguros de accidentes, vejez, desempleo y enfermedad* (Zaragoza: Pressas Universitarias de Zaragoza, 2010).

⁵⁵ Margarita Vilar Rodríguez and Jerònia Pons-Pons, 'La extensión del seguro de salud en Iberoamérica: una estrategia de política exterior del franquismo en la inmediata posguerra, 1942-1950', *Asclepio: Revista de Historia de la Medicina y de la Ciencia*, 67 (2015), 1-14; Margarita Vilar-Rodríguez and Jerònia Pons-Pons, 'The Introduction of Sickness Insurance in Spain in the First Decades of the Franco Dictatorship (1939-1962)', *Social History of Medicine*, 26 (2012), 267-87.

⁵⁶ Vilar Rodríguez and Pons-Pons, 'La Extensión del Seguro de Salud', 4.

transformed into the Ibero-American Organisation of Social Security (*Organización Ibero-Americana de Seguridad Social*, OISS). Its formal role was to promote the coordination and exchange of expertise and the international collaboration of experts, with a focus on developing the distinct 'spiritual and ethical' character of social security in the region. Its headquarters remained at the ICH and its Secretary General was confirmed Carlos Martí Bufill, a Spanish lawyer and social security expert at the INP who had been one of the leading promoters of Ibero-American cooperation since the 1940s.⁵⁷

For Martí, the field of social security was inherently international, and represented an opportunity for Spain to promote its 'social' credentials to the world in general, and to Latin America in particular. In his major 1947 work *The Present and Future of Social Security*, Martí set out his views on the 'internationality' of social security, arguing that because the social problems faced by modern nation states had causes and effects which crossed borders, those states needed to cooperate in trying to craft solutions.⁵⁸ This kind of pragmatic international collaboration, he argued, would prove even more effective when carried out amongst nations united by a 'brotherhood of the spirit', as in the case of the Ibero-American nations.⁵⁹ In particular, the Catholic values shared by Spain and the Latin American states would ensure they avoided the kind of policies adopted elsewhere which contradicted Christian values, such as the promotion of birth control or the recognition of civil unions and divorce. Martí presented the Spanish social security system was one of the most modern in the world, inspired by to the Franco regime's 'desire for social justice' and providing the perfect opportunity for Spain to promote to the international community both its technical expertise and its social commitment.⁶⁰ 'The social voice of Spain', he argued, 'can and should be an important factor on the world stage, and, in respect to the Ibero-American community of nations, 'a lively and eager expression of the most perfect brotherhood'.⁶¹

Alongside experts such as Martí, much of the impetus and funding for the creation of an Ibero-American social security organisation came from the Spanish Ministry of Foreign Affairs and the ICH. The Ministry identified social security and welfare as one of the key internal issues for Latin American states in the immediate post-war era. The Latin American Republics, diplomats in the region argued, would turn to Spain for help in developing their welfare legislation and in

⁵⁷ AGA, MAE, 82/9402, 'Organización Ibero-Americana de Seguridad Social (Lima, 12-27 Oct 1954)'.

⁵⁸ Martí Bufill, *Presente y futuro*.

⁵⁹ *Ibid.*, 10.

⁶⁰ *Ibid.*, 12.

⁶¹ *Ibid.*, 10.

training the experts they needed to establish modern systems.⁶² They attributed this universal interest in welfare to the threat of communism across the continent and to the realization amongst Latin American governments that the only way to counter the communist threat was to establish welfare systems which would ensure social peace and harmony. The Francoist rhetoric of social justice and anti-communism meant that Latin American governments would naturally regard Spain as a model to copy. Spanish social security, argued the Ministry, was also attractive to those governments looking to create their own systems financed by workers and employers without direct state funding. The Spanish model represented an impeccably anti-communist model for Latin American governments looking to establish a social security system on the cheap.⁶³

Francoist authorities also saw social security as a field in which Spain could counter US influence in the region. The United States, according to the Ministry of Foreign Affairs, would be reluctant to enter into any kind of formal agreement or organisational arrangement with its Latin American neighbours in the field of social security for fear of inviting outside interference in its internal policies. In the absence of US influence, Spain could present its social security model as a Catholic-inspired 'third way' between communist and capitalist welfare models. This idea particularly appealed to the Falangists who continued to dominate much of the Spanish social security system in the 1950s, and who were keen to promote their vision of welfare as an alternative to the ineffectiveness of the liberal capitalist states of Western Europe and the USA. In his address to the first Ibero-American Conference of Social Security in Madrid, the falangist Minister of Labour Girón de Velasco specifically contrasted Francoist social legislation to the 'petulant formulas' inspired by Adam Smith and his successors, and the naïve 'patriarchal' approach which entrusted social justice to the good will of businessmen.⁶⁴ Spanish conceptions of social justice, he argued, were defined by the Catholic principles which underpinned them, a form of Francoist 'humanism'. Rather than promoting material welfare and wellbeing as ends in themselves, as the capitalist countries did, the Francoist state saw man as the 'carrier of eternal values', to be supported in his relation to God, to eternal glory and to his *patria*.⁶⁵ Whilst *Inter-American* cooperation would expose Latin American states to

⁶² AGA, MAE, 82/15970, 'Unión Panamericana, Organización de Estados Americanos (OEA), X Conferencia Interamericana (Caracas, marzo 1954)'.

⁶³ *Ibid.*

⁶⁴ José Antonio Girón de Velasco, *Quince años de política social dirigida por Franco: discurso de apertura del I Congreso Iberoamericano de Seguridad Social en Madrid, el 22 de Mayo 1951* (Madrid: Ediciones O.I.D., 1951), 12-13.

⁶⁵ *Ibid.*, 34.

the materialistic influences of US capitalism, *Ibero-American* cooperation would allow them to develop a more holistic form of social security based on these shared Catholic values.⁶⁶

The idea of Ibero-American cooperation in the field of social security was not just rhetorical, and Spain enjoyed a certain degree of success in promoting its social model among Latin American states. The importance of the OISS to Spanish cultural diplomacy was reflected in the decision to house the organisation's secretariat in the ICH.⁶⁷ Spanish experts, led by Martí, dominated its leadership positions until the 1960s. Latin American delegations to the regular OISS conferences were generally headed by labour or social security ministers, providing Spain with the opportunity to promote its social model to influential Latin American audiences. The ICH, for example, ensured that every Ibero-American social security conference during the 1950s included an exhibition featuring scale models of the SOE's new hospitals and health clinics, despite the difficulties and expense involved in shipping them to Latin America.⁶⁸ The OISS also organised training courses in Madrid for Latin American experts to study the Spanish social security system, drawing attendees from across the continent.⁶⁹ Although many of the Latin American Republics had begun to establish their own social security systems before Spain and had little to learn from the Spanish model, countries such as Colombia, Peru and Nicaragua which had relatively underdeveloped systems were more open to Spanish support. The clearest cases of Spanish influence were Bolivia, Ecuador and El Salvador, which all received 'technical assistance' from the OISS during the 1950s, consisting of teams of Spanish experts providing support in drafting legislation and designing systems and processes which went on to form the basis of national social security reforms.⁷⁰ Through the OISS, Spain was also able to develop ties with other international organisations such as the OAS and the ILO, which both sent observers to OISS conferences and dispatched delegations to Spain during the 1950s.⁷¹

The success of these efforts should not be exaggerated. The Franco regime's overtly politicised use of the OISS to promote its interests and image in Latin America limited its effectiveness as a genuine forum for the multidirectional exchange of expertise and ideas. Although certain Latin American states and experts were willing to engage with Spanish social security as a model, the reverse was not the case. There is little evidence of Spanish experts adopting ideas

⁶⁶ Vilar Rodríguez and Pons-Pons, 'La Extensión del Seguro de Salud'.

⁶⁷ AGA, MAE, 82/9402, 'Organización Ibero-Americana de Seguridad Social (Lima, 12-27 Oct 1954)'

⁶⁸ Ibid.

⁶⁹ *II Congreso Iberoamericano de Seguridad Social: actas y trabajos, tomo I*, (Lima: Torres Aguirre, 1954), 6-7.

⁷⁰ *Revista Ibero-Americana de Seguridad Social*, 1 (1952), 51-92; *IV Congreso Iberoamericano de Seguridad Social: actas y trabajos del congreso y de la comisión directiva de la O.I.S.S.*, (Madrid: O.I.S.S., 1964), 38-40.

⁷¹ Vilar Rodríguez and Pons-Pons, 'La Extensión del Seguro de Salud', 5.

or practices from their Latin American counterparts, or of the OISS in its early history acting as the primary forum of exchange between those Latin American states which had already established well-developed social security systems. Inter-American exchange could more easily be carried out on a bilateral basis or through organisations such as the OAS or the ILO. Whilst Spain was successful in promoting the OISS as one amongst a number of overlapping regional social security bodies, it did not succeed in establishing it as *the* primary form of cross-border cooperation in the region. The 'Ibero-American' existed alongside the 'Inter-American' and the 'international' as a nexus for cooperation and exchange. If social security and health insurance represented one of the most successful concrete manifestations of *Hispanidad* in the field of health and medicine, that success consisted in establishing Spain as part of the overlapping web of international networks with which Latin American experts were able to engage. In the context of Spain's post-war isolation, this represented a significant diplomatic achievement. It did not, however, come close to matching the grandiose ambitions or expansive rhetoric which characterised the Francoist vision of a historically, culturally, linguistically and religiously united community of *Hispanidad*.

Conclusion

The idea of *Hispanidad* encompassed a range of diverse and competing visions of Spain's relationship with Latin America. For the traditional Spanish right it was a resolutely anti-modern concept, resting on the historical ties of Spain's imperial 'Golden Age' and promoting shared Catholic values as a bulwark against the materialism of the modern world, whether in communist or capitalist form. In the 1930s and early 1940s, Falangists saw Spain as the link between Latin America and the totalitarian states of the 'New Europe', the vanguard of a new global force extending its influence to the region, shaping and translating fascism for a Latin American audience. Republican exiles challenged both of these visions, promoting in their place a relationship of equals based on genuine collaboration, and open to the influence of the US.

The role of health, however, points towards a different side of the Francoist vision of *Hispanidad*, which aimed to promote the regime as a model of post-war modernity more closely aligned with the history and culture of Latin America than those offered by the liberal capitalism of the United States, or by global communism. In the 1940s medical science and health experts were used to project the Franco regime as a technologically advanced and socially progressive power, whilst the emphasis on social security from the 1950s exploited the language of technical development to portray the Francoist 'social state' as an advanced and

comprehensive model for emerging Latin American social services. The Spanish experts involved in these initiatives were happy to follow the lead set by the ICH and the Ministry of Foreign Affairs either, like Jiménez Díaz, in order to secure their own position and reputation within the Francoist system, or because they recognised the importance of Latin American as a source of professional opportunities and prestige, and as a gateway through which they could gain access to wider forms of international health.

Despite its limited success, the Francoist vision of *Hispanidad* was not completely out of step with wider post-war international developments. The attempt to establish modern international networks on the foundations of past imperial glories echoed the British and French attempts to maintain their international influence through the Commonwealth and French Union, both of which leant heavily on the language of development and technical assistance in the 1940s and 1950s. The aim of integrating Spain within a distinct Ibero-American region reflected the importance of regional bodies and regional cooperation within the post-war international order, in which Spain's estrangement from its western European neighbours left it without the regional forms of economic or political support enjoyed by other states. The idea of uniting states around the vision of a 'third way' between the increasingly polarised capitalist and communist blocs was one that was widely shared during the early decades of the Cold War, from European social democrats to the governments involved in the Bandung conference and the Non-Aligned movement during the 1950s and 1960s. The post-war international system, to a greater degree than its interwar predecessor, was made up of a numerous interlocking and overlapping regional, linguistic, religious, political and cultural units, with individual states positioning themselves at the intersection of a range of different international groups and networks. The post-war promotion of *Hispanidad* represented part of the Franco regime's attempt to achieve the same goal by constructing a new Ibero-American community through which its influence could be projected beyond Spanish borders.

Chapter Six

‘Catholics also have their message to transmit to the world’: Spain’s Catholic Internationalists

In August 1958 thousands of Catholics from around the world came together in Brussels’ Heysel Stadium to hear a mass delivered by priests from over fifty countries. The participants were among the 40 million visitors to the first Universal Exposition of the post-war era, which included pavilions from fifty countries and seven international organisations, as well as a Palace of Science and a Palace of World Co-operation. Rising above the roof of the stadium where the mass was delivered stood the Atonium, a 360 foot-high structure representing the arrangement of atoms in an elementary crystal of metal, symbolising the birth of the atomic age and ‘the latest conquest of man over matter’.¹ It was designed to reflect the Exposition’s theme of ‘Humanism’, celebrating mankind’s dazzling technological progress over the course of the twentieth century and exploring ‘new approaches to human activity for a better world’.² But Catholics attending the Exposition, including the large number of Spanish Catholics who made the journey, did not do so just to marvel at mankind’s mastery over the material realm and to celebrate the onward march of technological progress. Drawn by the Vatican pavilion and the various international Catholic events and conferences organised around it, they met to share their Christian-inspired visions of the future and to debate the role of Catholics in the modern world. Their perspective was often at odds with the optimistic, scientifically-driven positivism of the Exposition. ‘Catholics also have their message to transmit to the world’, argued one Spanish participant, ‘one must not try only to improve it, but to save it, providing the means necessary to achieve eternal happiness.... Man today has more need of a solid moral base than of machines and technology.’³

The mass took place at a crucial turning point in the history of post-war Catholicism. In many ways it symbolised the beginning of a new era of Catholic engagement with the contemporary world, coming just two months before the death of the conservative Pope Pius XII. In January 1959 his successor, John XXIII, announced the formation of the Second Vatican Council which between 1962 and 1965 would dismantle much of the authoritarian internal structure of the Church, reverse its twentieth-century rejection of secular modernity in favour of an active engagement with contemporary society, and encourage greater dialogue and cooperation with

¹ D. de Wouters d’Oplinter, ‘Brussels 1958: Balance Sheet for a More Human World’, *The UNESCO Courier*, 7 (July 1957), 4.

² Maurice Lambilliotte, ‘Humanism for a Modern World’, *The UNESCO Courier*, 7 (July 1957), 13.

³ A. Maté, ‘Cáritas presente en el día de “Civitas Dei”’, *Cáritas* (Jul-Oct 1958), 6-7.

non-Catholics.⁴ The Catholics who visited the Universal Exposition and gathered in the shadow of the Atonium in 1958 appeared to foreshadow the Church's embrace of global modernity over the following decade.

On the other hand, they also reflected over a decade of intense Catholic debates concerning international political and social developments which had been taking place since the end of the Second World War. These in turn formed part of a much longer history of Catholic internationalism.⁵ The international networks of Catholic voluntary organisations which had first emerged during the nineteenth century had undergone a period rapid growth during the 1940s and 1950s. An increasing number of international Catholic lay organisations brought together intellectuals, students, politicians, scientists and professional groups to formulate a Catholic response to the issues facing modern society, particularly in the fields of social work and humanitarianism.⁶ During the same period, Catholics played an active role in global debates around human rights and economic development, as well as the emergence of secular international organisations such as the United Nations and the European Communities.⁷ Like those who attended the Universal Exposition, however, their attitude to these organisations and debates was ambiguous. While many Catholics were enthusiastic advocates of post-war internationalism, others saw secular international institutions as a threat to global Catholicism, worrying about their 'material' values, the growing emphasis on technical development, and the promotion of population and birth-control policies by organisations such as the WHO.⁸

The number of Spanish Catholics who visited the Universal Exposition in 1958 reflected the extent of Spanish involvement in these forms of post-war Catholic internationalism. Many of the Spanish visitors were members of professional associations working in the fields of health, welfare and social care. Spanish doctors, nurses and pharmacists took part in the first Catholic World Health Conference, debating the role of Catholics and Catholic values in modern medicine.⁹ Leaders of the Spanish welfare organisation, Caritas, attended the annual meeting

⁴ Hubert Jedin, 'The Second Vatican Council', in H. Jedin, K. Repgen and J.P. Dolan (eds.), *History of the Church X: The Church in the Modern Age* (London: Burns & Oates, 1981); Adrian Hastings (ed.), *Modern Catholicism: Vatican II and After* (London: SPCK, 1991).

⁵ On the history of religious internationalism, including Catholic internationalism, see Abigail Green and Vincent Viaene (eds.), *Religious Internationals in the Modern World: Globalization and Faith Communities since 1750* (Basingstoke: Palgrave Macmillan, 2012); Michael G. Thompson, *For God and Globe: Christian Internationalism in the United States between the Great War and the Cold War* (Ithaca: Cornell University Press, 2015).

⁶ *Los católicos en la vida internacional*, (Madrid: Vicentius Tena, 1960).

⁷ Wolfram Kaiser, *Christian Democracy and the Origins of European Union* (Cambridge: Cambridge University Press, 2007); Giuliana Chamedes, 'The Catholic Origins of Economic Development after World War II', *French Politics, Culture & Society*, 33 (2015), 54-75; Samuel Moyne, *Christian Human Rights* (Philadelphia: University of Pennsylvania Press, 2015).

⁸ Matthew Connelly, *Fatal Misconception* (Cambridge, MA: Belknap Press, 2008).

⁹ 'El gran Congreso', *iFirmes!*, 20 (May 1958), 12-13.

of *Caritas Internationalis*, where they discussed the Pope's call to strengthen Catholic development work in Africa and to spread their activities beyond national borders.¹⁰ Like their counterparts from around the world, Spanish Catholics both embraced post-war international cooperation, and feared that the Exposition's positive faith in mankind's scientific progress and the power of technologically-driven development betrayed a profoundly misguided approach to the problems of the post-war world.

Spanish involvement in these forms of Catholic internationalism was facilitated by changes within the Franco regime following the end of the Second World War. Isolated diplomatically and under pressure over his wartime ties with the Axis powers, Franco boosted the role of Catholics within his cabinet in 1945, largely at the expense of the Falange.¹¹ The national syndicalist rhetoric of the early 1940s was side-lined in favour of the National Catholicism which was to provide the ideological underpinning of the regime for the next two decades.¹² In order to sell these changes to the outside world, Franco appointed the head of Spanish Catholic Action, Martín Artajo, as Foreign Minister. At a time when western European politics was dominated by Christian Democratic parties, many of whose leaders were also Catholic Action members, Artajo was able to use his international ties and reputation as a relative moderate to present Spain as a responsible, Christian member of the international community, particularly to Catholic-majority states in Europe and the Americas.¹³ In the context of the Cold War, the regime aimed to portray Franco's Spain as the 'spiritual reserve of the West', its global status resting on a combination of its anti-communist credentials and its unique adherence to Christian (Catholic) values. Within this context, the participation of lay Spaniards in international Catholic organisations was closely aligned with Spanish foreign policy, and was actively supported by the Ministry of Foreign Affairs. Many Spanish Catholics saw their international engagement as a form of national self-assertion. María de Madariaga, the leader of Spain's Catholic nursing association, told nurses visiting the 1958 Universal Exposition that

¹⁰ 'Editorial, La Caridad en Bruselas 1958', *Cáritas* (Jul-Oct 1958), 1-2.

¹¹ The term 'Catholics' as used in this context is not primarily a reference to religious identity. All of the various groups and factions within the Francoist coalition were 'Catholic' to the extent that their adherents were generally practicing Catholics and their political views were firmly embedded in their religious faith and Catholic identity. The use of the term in this chapter denotes those figures, often associated with Catholic Action, the ACNP and Opus Dei, who aimed to establish an autonomous and hegemonic role for the Church within Spanish politics and society, in contrast to those Falangists who saw the single party and the syndicalist organisations as the foundations of the Francoist state.

¹² Stanley G. Payne, *Spanish Catholicism: An Historical Overview* (Madison: University of Wisconsin Press, 1984), 171-205; Alfonso Botti, *Cielo y dinero: el nacionalcatolicismo en España* (Madrid: Alianza, 1992); Julián Casanova, *La Iglesia de Franco* (Madrid: Temas de hoy, 2001), 282-93.

¹³ Javier Tusell, *Franco y los católicos: la política interior española entre 1945 y 1957* (Madrid: Alianza, 1984); Antonio Moreno Juste, 'La política europea de los católicos españoles en los años 40 y 50', in Glicerio Sánchez Recio (ed.), *La Internacional Católica: Pax Romana en la política europea de posguerra* (Madrid: Biblioteca Nueva, 2005), 175-212.

their journey was a 'patriotic' one, and that they had a duty to 'know how to leave Spain in the position it deserves'.¹⁴ Other Catholics used international forums to explain the nature of the Francoist state, defend it against outside attack, and to promote National Catholicism as a model for global, Catholic-inspired political development in the post-war era.

This does not mean, however, that it was purely a top-down phenomenon or an extension of Francoist cultural diplomacy. Despite their ambiguous attitude towards the post-war international system, many Spanish Catholics were genuinely engaged with international developments and debates. Spanish Catholic elites used international networks and events to participate in debates about key aspects of the post-war world, from human rights and the welfare state, to the process of European integration. By acting internationally they hoped to demonstrate the unity and strength of the global Catholic community, and to maximise Catholic influence within international organisations in order to counter the malign influence of atheists, Protestants and communists. They also aimed to strengthen Catholic influence within Franco's Spain. Lay groups such as the mass-membership Catholic Action and the elite National Catholic Association of Propagandists (*Asociación Católica Nacional de Propagandistas*; ACNP) were anxious to maintain an autonomous 'Catholic space' within the Francoist state, despite the ideological dominance of National Catholicism.¹⁵ They were particularly concerned with neutralising the influence of the Falange by ensuring the dominance of Catholic values in key areas of social and economic life. Although this engagement with international affairs was dominated by members of the lay Catholic elite, it also spread beyond those traditional groups to include mass-membership professional and lay organisations, including nursing and women's groups.

This chapter will examine Spanish involvement in post-war Catholic internationalism and its impact on Spanish health and welfare organisations. It will begin by exploring the political context of Spanish Catholic internationalism through the work of the ACNP. Senior figures within the ACNP used their positions within a wide range of international Catholic organisations, from the student group Pax Romana to the peace organisation Pax Christi, to promote the reputation and influence of the Franco regime among Catholics abroad. These Spanish forms of Catholic internationalism were replicated in the field of health. The Church's focus on health and welfare activities within Spain meant that professionals in these fields played an important role in Spanish Catholic internationalism. This was particularly the case in the nursing profession, where Catholics around the world were united in their often critical

¹⁴ María de Madariaga, 'La colaboración es éxito', *¡Firmes!*, 20 (May 1958), 7-8

¹⁵ Francisco Sevillano Calero, 'La delimitación del "espacio católico": reflexiones y proyectos en el "Nuevo Estado" franquista, 1936-46', in Glicerio Sánchez Recio (ed.), *La Internacional Católica: Pax Romana en la política europea de posguerra* (Madrid: Biblioteca Nueva, 2005), 51-74.

engagement with the work of international health organisations such as the WHO. The second section will use the Spanish nursing association, *Salus Infirmorum*, to show how Catholic health organisations helped to promote Spanish involvement in both religious and secular forms of international health. It will also argue that Catholic forms of international nursing provided Spanish women with one of the few opportunities to develop influential, public roles on the world stage, actively engaging in international debates about health, birth control and the nursing profession, despite Francoist efforts to limit the role of Spanish women to the domestic sphere. Finally, the third section will explore the Spanish involvement in post-war Catholic humanitarianism. The thousands of Spanish missionaries serving around the world, many of them women working in the field of health, were coming under increasing pressure from both the Spanish state and the global Church to professionalise their work and to respond to the global interest in 'international development'. Catholic welfare organisations such as Caritas formed part of an international network of Catholic organisations, through which they developed programmes to provide support for victims of natural disasters and to aid Catholic refugees abroad. Their humanitarian work, however, reflected the interests and ideology of the Franco regime. International aid programmes were focussed on Catholics who were perceived to be victims of communism, and Caritas was used by the Spanish state to channel US social aid following the Pact of Madrid in 1953. Their work highlights the ambiguous position of Spain's Catholic internationalists, genuinely engaged with debates and developments in the post-war world, but firmly tied to the interests and outlook of the Franco regime.

The Franco Regime, Catholic Internationalism, and the ACNP

Much of the Spanish participation in post-war Catholic internationalism revolved around the leadership of the elite Catholic group, the ACNP.¹⁶ Formed in 1909, the ACNP brought together leading Catholic intellectuals and lay elites dedicated to the 'rechristianisation' of society through the work of a select minority of lay Catholics in the fields of politics, business, law, education and the press. The organisation played a leading role in Catholic politics and the press during the Primo de Rivera dictatorship, the Second Republic and the Civil War,

¹⁶ On the history of the ACNP, see José Manuel Ordovas and Mercedes Montero, *Historia de la ACN de P: la construcción del estado confesional, 1936-1945* (Pamplona: Eunsas, 1993); José Manuel Ordovas and Mercedes Montero, *Historia de la ACN de P: de la Dictadura a la Segunda República, 1923-1936* (Pamplona: Eunsas, 1993); Mónica Moreno Seco, 'Los dirigentes de la ACNP entre lo religioso y lo político: Fernando Martín-Sánchez Juliá', in Glicerio Sánchez Recio (ed.), *La Internacional Católica: Pax Romana en la política europea de posguerra* (Madrid: Biblioteca Nueva, 2005), 75-119; Cristina Barreiro Gordillo, *Historia de la Asociación Católica de Propagandistas: la presidencia de Fernando Martín-Sánchez Juliá, 1935-1953* (Madrid: CEU Ediciones, 2010).

particularly through its control of the newspaper *El Debate*. Although a number of ACNP members were included in the first Francoist cabinets, their role was constrained during the Second World War by the power of the Falange. The ACNPs influence was greatly enhanced after the end of the war, however, not least in the field of foreign policy where one of its leading members, Martín Artajo, was appointed Foreign Minister.¹⁷

It was in this context that leading members of the ACNP began to engage with emerging forms of post-war Catholic internationalism. Their efforts were closely aligned with Francoist foreign policy. In the immediate post-war era, Spanish involvement in the Catholic student organisation, Pax Romana, was used by Francoist diplomats to underline Spain's international credibility during the debates about the Franco regime at the UN. The regular series of International Catholic Conversations (*Conversaciones Católicas Internacionales*) held in San Sebastian from the late 1940s helped to build ties between the Francoist Catholic elites and their European counterparts, as well as promoting an open and outward-facing image of Franco's Spain to the outside world. Following the regime's alliance with the US and entry into the UN during the mid-1950s, its increasing focus on European integration was reflected in Spanish involvement with European Catholic organisations aiming to forge a more right-wing, anti-communist alternative to the liberal Europeanism developing in Brussels and Strasbourg. Although a number of the ACNP members involved in these groups would later move towards the internal anti-Francoist opposition, during the 1940s and 1950s their international engagement did not necessarily reflect any disagreement with the regime.¹⁸ Rather, it was based on a Catholic-inspired commitment to international collaboration combined with a desire to promote the interests and image of Franco's Spain on the world stage.

At the centre of the ACNPs international engagement was Joaquín Ruiz-Giménez, president of the international Catholic organisation Pax Romana. Ruiz-Giménez was a senior figure within the Franco regime during the immediate post-war period, acting as one of the key conduits between the regime and the international Catholic community. During the 1930s he had been active in Catholic student politics, and after the Civil War had held a senior position within the Francoist student organisation the SEU. He was the first director of the Institute of Hispanic Culture and was appointed as ambassador to the Vatican in 1948, initiating the negotiations which would eventually result in the Concordat. In 1951 he was appointed as Minister of Education before being dismissed during the student protests of 1956, gradually moving

¹⁷ Santos Juliá, 'Intelectuales católicos a la reconquista del Estado', *Ayer*, 40 (2000), 79-104.

¹⁸ Mary Vincent, 'Spain', in Tom Buchanan and Martin Conway (eds.), *Political Catholicism in Europe, 1918-1965* (Oxford: Clarendon Press, 1996), 97-129.

towards the internal Christian Democratic opposition and establishing the influential journal *Cuadernos para el Diálogo* in the 1960s.¹⁹

Pax Romana had originally been founded as an international Catholic students' association in 1921, later branching into two distinct sections for students and intellectuals.²⁰ Although based in Freiburg, Spanish Catholics had always played an important role in the organisation. Ruiz-Giménez had begun his involvement with the group during the 1930s. In September 1939 he attended the Pax Romana annual congress in Washington alongside Martín Artajo, where it was agreed that Zaragoza would host the subsequent conference in 1940, and where Ruiz-Giménez was appointed president.²¹ The 1940 conference was postponed as a result of the war, but Ruiz-Giménez maintained contact with Catholic groups abroad throughout the conflict, attending a Catholic students' congress in Montpellier in 1942 involving students from France, Spain and Switzerland. In 1943 he visited Rome alongside his fellow ACNP member, Alfredo Sánchez Bello, where he discussed the future of Pax Romana with Pope Pius XII, emphasising the important role it could play in re-establishing international ties between Catholic students and intellectuals after the war.²²

The organisation was quickly reactivated after the end of the conflict. Ruiz-Giménez attended Pax Romana meetings in both Freiburg and London during 1945, reaffirming Spain's claim to host the next international conference. His efforts were successful, and the conference took place in Salamanca and El Escorial during the summer of 1946. Its scale involved considerable costs, much of them borne by the Spanish Ministry of Foreign Affairs, but at the height of Spain's diplomatic isolation it succeeded in drawing over 225 foreign students and intellectuals from 33 countries, as well as leading representatives of the Spanish Church and lay Catholic organisations.²³ The themes of the conference were designed to emphasise the historical commitment of Spanish Catholics to international cooperation. The official topic of debate was the legacy of the Spanish Dominican scholar, Francisco de Vitoria, whose work in 16th century Salamanca focussed on the nature of international society and cooperation among nations.²⁴ Along with figures such as Hugo Grotius he is often cited as one of the founders of

¹⁹ Javier Muñoz Soro, 'Joaquín Ruiz-Giménez o el católico total (apuntes para una biografía política e intelectual hasta 1964)', *Pasado y Memoria: Revista de Historia Contemporánea*, 5 (2006), 259-88.

²⁰ Glicerio Sánchez Recio (ed.), *La Internacional Católica: Pax Romana en la política europea de posguerra* (Madrid: Biblioteca Nueva, 2005).

²¹ Barreiro Gordillo, *Historia de la Asociación Católica de Propagandistas*, 82-84.

²² *Ibid.*, 153-90.

²³ *XIX Congreso Mundial de Pax Romana, junio-julio 1946*, (Madrid: Graficas Reunidas, 1946).

²⁴ Archive of the National Catholic Welfare Conference, Washington (ANCWC), OGS Records, Box 156, Folder 49, 'XIX Congreso Mundial de Pax Romana'.

international law.²⁵ As such he was a well-known figure among twentieth-century internationalists and international organisations, with one of the main council chambers in Geneva's *Palais des Nations* named in his honour. As well as drawing links between secular internationalism and the history of Catholic theology and philosophy, the conference also discussed ways to strengthen cooperation between Catholics worldwide. In particular, it raised the plight of Catholic students from Eastern Europe who had been forced to flee Soviet occupation. In Spain these calls prompted the creation of new groups and institutions to support such students, which by 1960 were funding the university studies of over 600 Eastern European students in Madrid.²⁶

For the Franco regime, Spain's prominent role in Pax Romana was an important factor in post-war foreign policy. The Artajo-era Ministry of Foreign Affairs had provided both practical and financial support for Spain's involvement with Pax Romana since 1945. The 1946 conference, taking place at the height of Franco's diplomatic isolation and the UN crisis, was eagerly seized upon by Spanish diplomats as evidence of Spain's international respectability. Writing to its ambassadors in June 1946 to encourage them to make use of the conference in their discussions on the UN, the Ministry of Foreign Affairs argued that it provided a 'magnificent example of the potential of Catholic culture, and demonstrates to illustrious foreign visitors the development and energy which these studies and these principles have in our country today'.²⁷ Ruiz-Giménez was intimately aware of the diplomatic importance of Spain's leadership of Pax Romana. Writing to the Spanish ambassador in Uruguay, he argued that the success of the 1946 congress was important 'as much from a national as a Catholic point of view, beset [as we are] in recent months by the continuous libels launched against our nation'.²⁸

It was far from clear, however, that Spanish involvement in Pax Romana served to boost the prestige of the Franco regime among Catholics abroad. Even before the 1946 conference there had been those outside of Spain critical of the organisation's accommodation with the Franco regime. At the 1945 London meeting attended by Ruiz-Giménez, the plan to host the next conference in Spain was criticised both by French Catholics and by Spanish Basque Catholics in exile in Britain. At the 1949 Pax Romana conference in Mexico, Spanish attendees reported

²⁵ O.P. Ramón Hernández, 'The Internationalization of Francisco de Vitoria and Domingo de Soto', *Fordham International Law Journal*, 15 (1991), 1031-59.

²⁶ Matilde Eiroa San Francisco, 'Pax Romana y los estudiantes católicos del este de Europa: solidaridad y perspectivas de futuro', in Glicerio Sánchez Recio (ed.), *La Internacional Católica: Pax Romana en la política europea de posguerra* (Madrid: Biblioteca Nueva, 2005), 257-301.

²⁷ AGA, (10)91 54/11850, Caracas Embassy, MAE circular, 26 Jun 1946.

²⁸ AGA, (10)89 54/10099, Ruiz-Giménez to Montevideo Ambassador, 3 Apr 46.

that leading Pax Romana figures openly criticised the regime and its isolationism.²⁹ These attitudes soon began to erode the support of the Spanish Ministry of Foreign Affairs, which as the post-war diplomatic crisis receded, was less willing to allocate scarce resources to the organisation. By the early 1950s, Spain's improved bilateral ties and its agreement with the United States meant that Spanish diplomats were no longer as reliant on Catholic intellectuals to do their work for them, and their interest in Pax Romana as a foreign policy tool rapidly diminished.³⁰ Although Spanish Catholics continued to play a role in Pax Romana, 1946 represented the high-point of Spanish engagement, both intellectual and political, with the organisation.

Aside from Joaquín Ruiz-Giménez, the other key figure in the ACNP's international engagement was Carlos Santamaría. Born in the Basque Country in 1909, Santamaría trained as a mathematician and meteorologist, and prior to the Civil War played an important role in the Basque scientific and educational community.³¹ In 1935 he was involved in the short-lived 'International Catholic Courses' held in San Sebastian, which brought together Catholic students and intellectuals from Spain and abroad to promote, amongst other things, discussion around the nature and form of 'Catholic internationalism'.³² In 1946 he helped to revive these courses as the International Catholic Conversations, which ran until 1959 and acted as one of the chief meeting points between Catholics from Spain and their international colleagues during the immediate post-war era. Santamaría was also closely involved with other international Catholic organisations such as the peace movement Pax Christi, and in 1950 was appointed as head of the ACNP's new Secretariat for International Relations.³³

The International Catholic Conversations in San Sebastian aimed to bring together European Catholics to discuss the challenges posed by the post-war world.³⁴ The events took place every year and lasted for a week, with themes changing annually. During the late 1940s and early 1950s the Conversations focussed on the relationship of Catholics to both national states and to the newly developing international institutions, with discussions on European unity, the rights and responsibilities of individuals to the modern state, human rights and

²⁹ Glicerio Sánchez Recio, 'Pax Romana como vehículo de las relaciones exteriores del gobierno español, 1945-1952', in Glicerio Sánchez Recio (ed.), *La Internacional Católica: Pax Romana en la política europea de posguerra* (Madrid: Biblioteca Nueva, 2005), 213-55.

³⁰ Ibid.

³¹ Archive of the ACNP, Madrid (AACNP), expediente Carlos Santamaría.

³² Santiago Casas, 'Los Cursos Internacionales Católicos de San Sebastian, 1935', *Sancho el Sabio: Revista de Cultura e Investigación Vasca*, 35 (2012), 143-63.

³³ Juste, 'La política europea de los católicos españoles en los años 40 y 50'.

³⁴ Pablo López-Chaves, 'Españolización en los medios y europeización en los fines: el grupo Arbor y las Conversaciones Católicas Internacionales de San Sebastián', in Feliciano Montero García and Joseba Louzao Villar (eds.), *La Restauración social católica en el primer franquismo: el colaboracionismo* (Alcalá de Henares: Universidad de Alcalá de Henares, 2015), 71-96.

internationalism. Attracting Catholics from over thirty countries, the majority of foreign participants in the Conversations came from France, Italy and Belgium. A number of representatives from Latin America attended with the financial support of Ruiz-Giménez's Institute of Hispanic Culture, alongside Eastern European Catholics who had fled into exile in Spain following Soviet occupation. Broadly speaking, the participants were drawn from the European Catholic right. Some participants, such as the French intellectual Achille Dauphin-Meunier, had been involved with the Vichy regime or with other European collaborationist governments during the war. Others, however, belonged more clearly to the liberal, Christian Democratic mainstream within post-war European Catholicism, including the Belgian theologian Jacques Leclercq, and the British editor of *The Tablet*, Douglas Woodruff.³⁵

The events were underpinned by a specific concept of Catholic internationalism set out by Santamaría in the official journal of the Conversations in 1949.³⁶ Humanity, he argued, is indivisible under Christ, and it was the duty of Catholics to ensure that unity was reflected in the temporal realm. In the modern era, nations had created 'artificial dominions of thought' which had increasingly divided the peoples of the world, including Catholics, from each other.³⁷ The contemporary growth of international organisations and events reflected an admirable attempt to overcome such divisions, and although it was not an easy task, it was the world's Catholics, thanks to their sense of citizenship and their consciousness of the universality of mankind, who were 'best prepared for international collaboration'.³⁸ For Santamaría, this collaboration needed to take the form both of international cooperation between Catholics, and active Catholic participation in secular international institutions. Embracing these forms of internationalism should not mean undermining the diversity among nations or imposing a form of 'Catholic Kominform', but required Catholics to recognise the primacy of the 'essential' sentiment of humanity over the 'accidental' sentiment of nationality.³⁹ Catholic internationalism would therefore be able to forge a path between 'Marxist monism' on the one hand, which sought to destroy all natural and spiritual relations between society and the state, and 'closed nationalisms' on the other, which shut door on 'political fraternity'.⁴⁰

It is tempting to read into the Conversations a form of early Catholic opposition to the Franco regime, particularly as many of those involved later went on to become influential centre-right

³⁵ AACNP, Box 156, 6.13, 'Conclusiones de las Conversaciones Católicas Internacionales de San Sebastián, 5-8 Sept 1947'.

³⁶ Carlos Santamaría, 'Notas para un dialogo', *Documentos: Conversaciones Católicas Internacionales*, vol. 3 (1949), 87-101.

³⁷ *Ibid.*, 90-91

³⁸ *Ibid.*

³⁹ *Ibid.*, 97-98.

⁴⁰ *Ibid.*, 100.

opposition figures in the 1960s and early 70s. Perhaps inevitably, the events brought Spanish Catholics into contact with foreigners critical of the Franco regime, and with very different views about the role of the modern state from those commonly advocated in Spain. Discussions of human rights and the relationship of the individual to the state clearly risked inviting opinions critical of the Franco regime. Many of the foreign participants promoted the idea of a secular state in which the Church should play a non-political role, in direct contrast to the avowed clericalism of the Franco regime.⁴¹ Some leading Spanish Catholics refused to attend the Conversations on account of the distrustful and reproachful atmosphere engendered by political and religious disagreements between French and Spanish Catholics.⁴² Articles critical of the Franco regime linked with some of the high-profile participants at San Sebastián appeared in foreign Catholic periodicals.⁴³ Other French participants complained directly to the organisers of the Conversations in 1947 when the Spanish government censored a regional Catholic Action publication which had published an article in Basque.⁴⁴

The idea of the Conversations as a site of opposition should not, however, be overstated. The events were heavily funded and promoted by the Spanish Ministry of Foreign Affairs, the ministries of Education and Propaganda, and the Institute of Hispanic Culture, all which saw them as a way of promoting Spain's international reputation during the height of Franco's diplomatic isolation. In promoting their cause to government officials, the organisers of the Conversations presented them as a means to build Catholic unity in the face of 'the threat of international materialism'.⁴⁵ The organisers made efforts to predict where discussions would prove politically sensitive, and to arrange sufficient representation of conservative Spanish intellectuals and theologians to ensure that the National Catholic view was sufficiently represented.⁴⁶ The format of the events also meant that a greater than usual range of opinion could be tolerated. Restricted to a relatively small number of Spanish and foreign intellectuals, public communication of the debates could be closely controlled by the organisers to effectively guide public opinion. Abroad, demonstrating a degree of tolerance for open discussion would help to counter allegations about the 'supposed intransigence' of the Franco regime.⁴⁷

⁴¹ J.B. Manyá, 'Presencia de la Iglesia en la Europa Nueva: le *problème théologique*', *Documentos: Conversaciones Católicas Internacionales*, 3 (1949), 105-110.

⁴² AACNP, Box 156, 6.13, *Conversaciones Católicas Internacionales de San Sebastián*, Enrique Calabia to Fernando Martín-Sánchez, 22 Feb 1948.

⁴³ AACNP, Box 156, 6.13, Carlos Santamaría to Fernando Martín-Sánchez, 24 Apr 1948.

⁴⁴ AACNP, Box 156, 6.13, unsigned letter to Carlos Santamaría, 27 Sept 1948.

⁴⁵ AACNP, Box 156, 6.13, José Ángel Lizasoain to Director General de Propaganda, 18 May 1948.

⁴⁶ AACNP, Box 156, 6.13, 'Informes', 1948.

⁴⁷ *Ibid.*

The Conversations were far from the only international activity Santamaría was involved in. Over the course of the 1940s and 1950s he was an official observer at various UNESCO conferences and took part in numerous associations, events and initiatives bringing together European Catholics.⁴⁸ Most notably, he served as the International Secretary of the Catholic peace organisations, Pax Christi, which emerged under the tutelage of French and German bishops in 1950 as a forum to discuss Catholic responses to the emerging Cold War and ways to promote peace whilst maintaining a firmly anti-communist stance. His involvement in these organisations and his trips abroad were partially funded by the Ministry of Foreign Affairs, for whom his wide-ranging contacts among European Catholics, his access to the key debates and decisions within that community, and his ability to act as a 'moderate' advocate of the Spanish cause proved diplomatically useful. He was appointed as the ACNP's first Secretary of International Affairs in 1949, and from 1950 was utilised by Artajo as Spain's informal representative within international Catholic congresses and organisations.⁴⁹

From the mid-1950s, the ACNP's international activities moved away from international organisations towards new forms of anti-communist Europeanism, reflecting the shifting focus of Spanish foreign policy following the normalisation of relations with the UN in 1955. Leading members of Catholic Action and the ACNP gained prominent roles in organisations which aiming use anti-communism, either to forge cooperation between European Catholics or to promote a specific vision of European integration to the right of those emerging from Strasburg and Brussels. One of the first manifestations of this trend was the anti-communist organisation, the Committee for the Defence of Christian Civilisation (CDCC). The Committee had been established by a group of former Vichy sympathisers around the French Catholic intellectual Paul Lesourd in 1947, and although its vision of Europe was substantially to the right of the Christian Democratic mainstream, it attracted high-profile support from Catholic political leaders in West Germany and elsewhere, including the Belgian Foreign Minister Paul van Zeeland.⁵⁰ The Spanish committee formed one of the most active branches of the organisation, led initially by Joaquín Ruiz-Giménez and his fellow Propagandist Alfredo Sánchez Bella.⁵¹ Despite its prominent circle of members and supporters, the committee was never able to develop a substantial diplomatic role other than providing a forum for informal

⁴⁸ AACNP, Carlos Santamaría folder.

⁴⁹ AACNP, Relaciones Internacionales box, Sanchez Julia to Santamaría, 30 Jun 1950.

⁵⁰ AACNP, Relaciones Internacionales box, 'Comité de Defensa de la Civilización Cristiana'.

⁵¹ AACNP, Carlos Santamaría folder, 'Comité Español de Defensa de la Civilización Cristiana'.

policy discussion, and ultimately came to focus on producing and disseminating anti-communist propaganda.⁵²

Alfredo Sánchez Bella also played an important role in a similar organisation of more lasting significance to Francoist Europeanism, the European Centre for Documentation and Information (*Centro Europeo de Documentación e Información*; CEDI). Originally founded in Munich under the leadership of Otto von Habsburg, the organisation opened a Spanish branch and moved its General Secretariat to Madrid after 1953, funded by the Institute of Hispanic Culture and the Spanish Ministry of Foreign Affairs.⁵³ Like the CDCC, it aimed to become a hub for Catholic cooperation within Europe, and to promote its vision of a conservative, 'spiritual' European community in opposition to the liberal model of Europe provided by the EEC. Anti-communism was at the heart of its programme, with early debates focussing on how western Europe should manage relations with the Soviet Union and its European satellites.⁵⁴ The CEDI provided an important forum for the Catholic elites around Martín Artajo's Ministry to discuss European affairs with their counterparts abroad, particularly in Germany where the CEDI attracted influential members of the CDU/CSU.⁵⁵ From the 1960s it also increasingly attracted French Gaullists, and remained a useful Francoist counterweight to the European activities of the anti-Francoist opposition abroad.

The centrality of ACNP elites to the Franco regime's engagement with post-war Catholic internationalism shows the extent to which Spanish Catholic internationalism was aligned with the interests of the Francoist foreign policy. Although international Catholic organisations and networks often discussed ideas and deployed language alien to Francoism and National Catholicism, Spanish involvement in them did not imply or encourage opposition to the regime. However, Spanish Catholics trod a fine line between pursuing their religious-inspired commitment to international cooperation, and trying to develop alternative networks of Catholic internationalism to the right of the Christian democratic European mainstream which were more compatible with Francoist worldviews. Their difficulties in doing so reflected the

⁵² Johannes Großmann, 'The *Comité international de défense de la civilisation chrétienne* and the Transnationalization of Anti-Communist Propaganda in Western Europe after the Second World War', in Luc van Dongen, Stéphanie Roulin and Giles Scott-Smith (eds.), *Transnational Anti-Communism and the Cold War: Agents, Activities, and Networks* (Basingstoke: Palgrave Macmillan, 2014), 251-62.

⁵³ Petra-Maria Weber, 'El CEDI: promotor del occidente cristiano y de las relaciones hispano-alemanas de los años cincuenta', *Hispania*, 188 (1994), 1077-103; María Elena Cavallaro, *Los orígenes de la integración de España en Europa: desde el franquismo hasta los años de la transición* (Madrid: Silez, 2009), 68-72; Jesús M. Zaratiegui, *Una Europa para dos Españas: primeros pasos hacia la integración, 1957-1963* (Pamplona: EUNSA, 2010), 158-60.

⁵⁴ TNA, FO 371/117864, 'Report on the fourth annual CEDI seminar', 14 Jun 1955.

⁵⁵ German attendees at early CEDI conferences included the Bundestag president Eugen Gerstenmaier, and his vice-president and future Justice Minister Richard Jaeger, who would later serve as CEDI president. See *Ibid.*

extent to which, despite the rhetoric of Spain as the 'spiritual reserve of the West', Franco's Spain was semi-detached from the realities of post-war global Catholicism.

Salus Infirmorum and International Catholic Nursing

Within these forms of post-war Catholic internationalism, Spanish experts were also enthusiastic participants in emerging forms of Catholic international health. Their involvement spanned the range of medical disciplines, from doctors and psychologists to medical researchers and students. It was most pronounced, however, in the field of nursing. At the forefront of this international engagement was María de Madariaga, the founder and president of Spain's Catholic nursing association, *Salus Infirmorum* (SI). For Madariaga and her colleagues, the need to act internationally was an unavoidable response to the increasingly globalised post-war world. This did not mean that they viewed the international arena in a positive light. They regarded post-war international institutions, particularly the UN and the WHO, as tools of anti-Catholic materialism, devoid of spiritual values and bent on spreading dangerous and damaging practices across the globe. Catholics, they believed, needed to respond to this threat by uniting both within and across national boundaries to ensure their voices were heard, and to fight for representation within secular international bodies in order to promote Catholic values from within.

SI's leaders shared these goals with the international Catholic nursing body, CICIAMS (International Catholic Committee of Nurses and Medico-Social Assistants; *Comite Internacional Católico de Asistencia Medico Social*), in which they played a leading role in the immediate post-war era. Their work was supported by the Franco regime and by the Spanish Ministry of Foreign Affairs, and Spanish nurses on the international stage saw themselves as representatives both of the Francoist state and of the Spanish nation. Acting internationally, however, also provided these nurses with the opportunity to promote both the position of the Church, and their own status as professional women, within Franco's Spain. Their high-profile and much publicised work on the world stage helped to raise the profile of Catholic medical associations at the expense of their rivals, primarily the Women's Section of the Falange, and provided a rare opportunity to develop high-profile, autonomous careers within a society where women's professional freedom was severely restricted. As time went on, it also increasingly provided a platform for nurses to criticise, even if only obliquely, the policies of the Franco regime.

Madariaga had first set up a nurses movement within the female youth wing of Catholic Action in 1935, and during the Civil War had worked as Inspector of Hospitals in the rebel zone.⁵⁶ In 1941 she was asked by the Archbishop of Madrid to establish a new Catholic nursing organisation, and founded SI the following year, bringing together representatives of nurses working within the military health corps, the Red Cross, the Falangist welfare organisation *18 de julio* and the Spanish rail operator RENFE. The organisation ran its own network of urban health clinics (*dispensarios*) and provided nursing training courses. During the 1940s and early 1950s it established over thirty clinics in parishes across Madrid, primarily in the poorer working-class suburbs where state health services were almost entirely absent. Its first nursing school was established in Madrid in 1942 under the leadership of Gregorio Marañón, with additional schools set up in Cadiz in 1952 and Tangier in 1953, later spreading across Spain in the 1960s.⁵⁷ In addition to technical training and work placements, SI schools emphasised the religious and moral education of nurses, and insisted that recruits provide evidence of their religious faith and education, their good standing within the Church, and their ongoing behaviour and deportment.⁵⁸ The organisation aimed to recruit nurses from across the Spanish health system, and by the early 1950s was widely represented within all branches of the fragmented Spanish nursing profession.⁵⁹

Despite the partial international isolation of the Spanish government and Spanish health profession, Madariaga and SI were deeply involved in international Catholic nursing after the Second World War. Madariaga had personal experience with Catholic lay internationalism through her pre-war involvement with the International Union of Catholic Women's Leagues and the International Council of Catholic Action.⁶⁰ SI's international work was channelled through CICIAMS, which had originally been established in Lourdes in 1933.⁶¹ SI was incorporated into the organisation at the first post-war conference held in 1947, and

⁵⁶ Francisco Glicerio Conde Mora, *Dª María de Madariaga y Alonso (1908-2001): Fundadora de Salus Infirmorum* (Cadiz: Salus Infirmorum, 2008), 44-48.

⁵⁷ *Ibid.*, 52-60.

⁵⁸ *Ibid.*, 54-55.

⁵⁹ SI was, however, conceived as an association of *lay* Catholic nurses and as such did not aim to incorporate the many religious sisters involved in Spanish nursing associated with religious orders such as the *Siervas de María* and the *Hijas de Caridad*. Religious nurses were represented by the *Asociación de Religiosas Auxiliares Sanitarias* and the *Federación Española de Religiosas Sanitarias*. Despite this, there were a number of religious sisters within the SI leadership, and many religious nurses trained at SI schools. See Francisco Glicerio Conde Mora, Alonso Núñez Núñez and Mercedes Almagro Villar, "'In Omnibus Caritas': la sanidad al servicio de la caridad en Salus Infirmorum", *Un siglo cuidando a la sociedad: centenario del reconocimiento oficial de la enfermería en España* (Santander: Colegio Oficial de Enfermería de Cantabria, 2015), 341-43.

⁶⁰ Inmaculada Blasco, *Paradojas de la ortodoxia: política de masas y militancia católica femenina en España, 1919-1939* (Zaragoza: Prensa Universitaria Zaragoza, 2003), 257-58.

⁶¹ *CICIAMS News: Bulletin of the International Catholic Committee for Nurses and Medico-Social Assistants*, 2, (1983), 7.

Madariaga was appointed vice president of the 1950 conference in Rome.⁶² In 1958 she was elected as head of the permanent commission on professional ethics and played a prominent role in the 1962 conference, leading the Committee's work on professional ethics and domiciliary care. Her involvement with the organisation stretched well into the 1970s, alongside that of her colleagues within the SI leadership and that of its sister organisation the *Federación Española de Religiosas Sanitarias* (FERS). In addition to these formal roles, Madariaga developed a wide range of international experience, touring Latin America and studying in the United States during the late 1940s.⁶³

The engagement of SI in forms of international Catholic nursing and of Catholic internationalism more generally extended well beyond the personal efforts of Madariaga. The group set up a dedicated foreign affairs service in the late 1940s to coordinate its relationship with international and foreign nursing associations, and to disseminate knowledge of these links throughout their ranks.⁶⁴ Large groups of SI nurses regularly attended international nursing conferences and worked with international health and nursing organisations, both Catholic groups such as CICIAMS and secular ones such as the International Council of Nurses (ICN) and the WHO. Its quarterly journal contained regular reports on international developments and the involvement of Spanish nurses in international conferences and organisations. Both the *Salus Infirmorum* journal and the SI leadership actively encouraged its nurses to study and work abroad, promoting scholarship opportunities to foreign institutions and providing information and support for nurses travelling to work as lay missionaries in Latin America and Africa.⁶⁵ Latin America was central to the organisation's international activity, with Madariaga's role as international vice-president linked to the specific goal of promoting the work of CICIAMS and supporting Catholic nursing associations across the continent. In 1950, SI established a dedicated Hispano-American Committee to pursue this goal, which became the coordinating body for CICIAMS activity in Latin America and which successfully encouraged the foundation and affiliation of Catholic nursing associations in a number of states.⁶⁶

The degree to which SI actively engaged with international nursing and international health went far beyond that of other Spanish medical organisations prior to the mid-1950s. Their

⁶² M.T. Miralles Sangro, *et al.*, 'Historia de la Escuela de Enfermeras "Salus Infirmorum" de Madrid', *Cultura de Cuidados*, I (1997), 15-20.

⁶³ Conde Mora, *Dª María de Madariaga y Alonso*, 56-62.

⁶⁴ *Cuarta Asamblea de la Hermandad de Enfermeras y Asistencia Médico-Social "Salus Infirmorum"* (Madrid: Publicaciones "Al Servicio de España y del Niño Español", 1950), 26-30.

⁶⁵ See for example Carmen García Victoria, 'Organizaciones Internacionales', *¡Firmes!* (12 October 1955), 6-10.

⁶⁶ *Cuarta Asamblea*, 29-30.

willingness to transcend Spain's cultural and scientific isolation reflected an awareness of the extent to which the post-war world was being shaped by new forms of secular international cooperation. In 1951 the SI foreign secretary, María Rosa Cardenal, published an article in the organisation's journal introducing and comparing the work of CICIAMS and the secular ICN, part of an attempt, as she described it, to give all of Spain's nurses 'a clear idea of the importance that the international world [sic] has'. 'At the present time', she argued, 'everything is related to the international level [*todas las cosas se tratan sobre el plano internacional*]', and our profession is no exception to this worldwide law'.⁶⁷ Cardenal's deputy, Mari-Trini Gutiérrez, told SI nurses at their 1950 conference that 'the fact of the immense importance of international agreements brings with it the necessity for Catholics to be present within international associations.'⁶⁸ Acting internationally was, in this view, not necessarily something which was intrinsically positive, but was a necessary response to the modern world shaped so obviously by the forces of globalization and secular internationalism.

Indeed the specifically Catholic forms of international associationism practiced by SI and its nurses were at least in part a response to the perceived *threat* of post war internationalism. The need to unite with Catholic nurses was underpinned, or at least justified by, traditional ideas of the universality of the Catholic faith, the unity of mankind under God, and the apostolic duty to spread the word of God to all corners of the world. These ideas, however, were combined with a sense that modern societies, and particularly the international organisations and networks which played an increasingly prominent role in them, were dominated by ideas and values inimical to the Catholic faith. For many leading SI nurses, this sense drew on the history and rhetoric of the Spanish Civil War and the idea of the global threat of atheism, communism and materialism. In her report on the annual CICIAMS conference in Amsterdam in 1949, María Rosa Cardenal warned of 'the danger of freemasonry which dominates the world' and the increasing global influence of Protestantism.⁶⁹ A report on the 1951 CICIAMS conference in Rome published in the *Salus Infirmorum* journal described the need for Catholics of the world to unite 'in the face of the wave of materialism which threatens to engulf everything'.⁷⁰ Global anti-Catholic forces, according to this view, were gaining power and influence through their domination of the international organisations. At the fourth SI assembly in Madrid in 1950, the Chilean nurse Veronica de la Fuente described to her Spanish colleagues the plight of Catholics in Latin America, increasingly surrounded by 'freemasonry, Protestantism... materialism, American modernism and, to finish with the

⁶⁷ María Rosa Cardenal, 'CICIAMS y la ICN', *Salus Infirmorum*, 16 (1951), 16

⁶⁸ *Cuarta Asamblea*, 27.

⁶⁹ María Rosa Cardenal, 'Impresiones del Congreso Internacional de Enfermeras y Asistentas médico-sociales en Amsterdam', *Salus Infirmorum*, 9 (1949), 23.

⁷⁰ *Salus Infirmorum*, 15 (1951), 29.

“isms”, atheistic Communism’.⁷¹ These ideologies, she argued, gained force from the willingness of their adherents to unite on both national and global scales. ‘We are in the century of the “Popular Fronts”, of the Trade Unions, Cooperativism, Leagues, Federations, etc. The whole world and all of mankind looks to unite to defend its rights and achieve financial and political benefits.’⁷² In response to the growth of these forms of anti-religious internationalism, she argued, it was the duty of Catholics to come together in the same way and to unify in the fight to defend their faith and their values.

This political hostility towards modern forms of internationalism was combined with specific fears about developments in international health and medicine. Catholics, both in Spain and elsewhere, felt that that the post-war focus on *technical* solutions to international problems ran counter to Catholic approaches which prioritised the individual, and which focussed on spiritual as well as material development. In 1955 the National Secretary of SI, Carmen García Victoria, reiterating the need for her members to stay on top of international developments in their profession given that ‘life today takes place more and more...on the international level’, lamented that in many cases international problems related to welfare, health, children and education were ‘studied from the economic and scientific point of view, but not from the moral or religious’. These concerns reflected wider fears that, even within Spain itself, the trend towards collective and state-led forms of medicine were undermining the focus on the spiritual and material wellbeing of the individual and the relationship between individual patient and care giver.⁷³ On the international stage, where Catholic principles held less sway, SI nurses and other Catholic medical bodies feared that health and welfare programmes were focusing exclusively on materialistic and technical solutions anathema to religious, and particularly Catholic, principles.⁷⁴

For SI nurses and their colleagues at CICIAMS, these concerns crystallised around specific fears regarding the activities and attitude of the newly-formed WHO. In part these were general fears based on the relative weakness of Catholic states within the organisation and the lack of specific Catholic representation within its affiliated bodies. The result of this absence, according to the SI vice-secretary of foreign relations, Mari-Trini Gutierrez Santiago, was that the WHO was pursuing its goals in a ‘negative antireligious way’.⁷⁵ For the CICIAMS leadership,

⁷¹ *Cuarta Asamblea*, 34-35.

⁷² *Ibid.*, 35-36.

⁷³ ‘Resumen de la Conferencia pronunciada por el profesor Beniamino de María en el “Angelicum” del día 7 de septiembre: orientaciones de la medicina social con respect a la persona humana’, *Salus Infirmorum*, 14 (1950), 16-18

⁷⁴ See for example María Rosa Cardenal, ‘Impresiones del Congreso Internacional de Enfermeras y Asistentas médico-sociales en Amsterdam’, *Salus Infirmorum*, 9 (1949), 19-27.

⁷⁵ *Cuarta Asamblea*, 26.

the WHO's conception of nursing was 'too materialist', and it needed to be reminded that 'man is composed of body and soul, and only by attending to both can the nurse fulfil her mission'.⁷⁶ On a more concrete level, their concerns focussed on the advocacy of birth control as a means to limit population size. Leading figures within the WHO, including the organisation's Director General Brock Chisholm, advocated promoting birth control to deal with what they perceived to be a global population crisis. During the early 1950s, a fierce debate raged between those who wanted to develop WHO birth control programmes in countries such as India which were worried about population size, and the Catholic Church and Catholic-majority states which opposed the promotion of birth control measures.⁷⁷ SI nurses denounced the proposed WHO measures as 'eugenics' and 'euthanasia', and argued that they were the natural consequence of an organisation in which scientific and technical solutions to social problems were pursued without a sufficient concern for moral and religious principles.⁷⁸

Rather than turn their back on 'antireligious' forms of international health, the response of Catholic nurses both in Spain and abroad was to actively seek ways of engaging with the WHO and other international organisations, and to influence their policies from within. Gaining affiliated membership of the WHO was one of the main priorities of CICIAMS in the late 1940s and early 1950s. The rules governing the affiliation of non-governmental organisations were not clarified until the early 1950s. When CICIAMS lobbied for admission after 1946 it was rejected on the grounds that there should only be one affiliated group for each medical profession, and that nurses were represented by the 'neutral' International Council of Nurses (ICN).⁷⁹ Although CICIAMS was an active member of the ICN executive board, its relationship with its secular counterpart was complicated, with CICIAMS members consistently lobbying the organisation to adopt a more spiritual and religious approach to nursing, particularly in relation to the issue of birth control. In response to the WHO's rejection, CICIAMS argued that 'neutral' organisations such as the ICN only concerned themselves with professional and technical questions, and were therefore unable to represent the moral and humanitarian principles of the Catholic nursing community.⁸⁰ In private the CICIAMS leadership suspected a specifically anti-Catholic bias, with the organisation's president arguing that the WHO 'feared

⁷⁶ 'C.I.C.I.A.M.S.', *!Firmes!*, 15 (Jul 1956), 19.

⁷⁷ Connolly, *Fatal Misconception*, 146-53. On the WHO's post-war approach to birth control and to 'technical' solutions in India and Southeast Asia, see Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-65* (Basingstoke: Palgrave Macmillan, 2006).

⁷⁸ Carmen García Victoria, 'El Congreso Mundial del Apostolado Seglar, en Roma', *Salus Infirmorum*, 19 (Dec 1951), 20-21; 'Representativas de quince Gobiernos católicos se oponen al control de la natalidad en la V Asamblea de la Salud', *Salus Infirmorum*, 21 (Jun 1952), 21.

⁷⁹ María Rosa Cardenal, 'Impresiones del Congreso Internacional de Enfermeras y Asistentas médico-sociales en Amsterdam', *Salus Infirmorum*, 9 (1949), 22-23.

⁸⁰ *Ibid.*

too much Catholic influence'.⁸¹ Eventually the WHO changed its rules, accepting the plurality of representation for each sector, and admitted CICIAMS as an affiliate in January 1954, after which its officials were able to attend World Health Assemblies and take part in expert committees.

These efforts to establish Catholic influence and values at the heart of international health and nursing mirrored the domestic priorities of Spain's Catholic nurses at the time. Nurses were at the heart of the Francoist mission, with the full support of the Church, to 'rechristianise' the Spanish medical profession.⁸² They were also central to the regime's pro-natalist policies through their prominent role in mother and infant health problems, and their ability to influence the private and family lives of large sections of the population through their role as visiting nurses and their work in rural areas and poor urban suburbs.⁸³ New legislation concerning the training of nurses mandated a greater focus on religious and moral training. Reflecting these priorities, SI promoted a religiously-informed model of nursing training, and worked to ensure that new entrants to the profession demonstrated a sufficient commitment to the Catholic faith and the life of the Church.⁸⁴ The organisation was able to pursue similar goals on the international stage. SI leaders, for example, lobbied the WHO and the ICN to reject birth control policies through their involvement with CICIAMS. Madariaga's role as chair of the CICIAMS professional ethics committee enabled her to draw up new international codes of conduct for Catholic nurses informed by her organisation's work in Spain and the ideas of Spanish theologians.⁸⁵ Within international Catholic medical associations Spanish nurses were therefore able to pursue the same aims as they were domestically, promoting their conception of Catholic nursing beyond Spain's borders.

These efforts to promote Spanish models of nursing abroad reflected the extent to which SI nurses saw their work on the world stage in national and patriotic terms, a way to promote the reputation of the Spanish nation and the Francoist state to the outside world. Calls from the SI leadership for nurses to participate in international activities were combined with reminders about Spain's identity as a uniquely Catholic state, indeed 'the Catholic country *par excellence*', both in terms of the faith of its people and of the self-proclaimed Catholic identity of its

⁸¹ Ibid.

⁸² Josep Bernabeu Mestre and Encarna Gascón Pérez, *Historia de la enfermería de salud pública en España, 1860-1977* (Alicante: Universidad de Alicante, 1999), 103-04.

⁸³ María Eugenia Galiana-Sánchez, Josep Bernabeu-Mestre and María Pilar García-Paramio, 'Nurses for a New Fatherland: Gender and Ideology in the Health Policies of the Early Franco Regime in Spain (1938-1942)', *Women's History Magazine*, 68 (2012), 33-41; Mary Nash, 'Pronatalism and Motherhood in Franco's Spain', in Gisela Bock and Pat Thane (eds.), *Maternity and Gender Policies: Women and the Rise of the European Welfare States: 1880s-1950s* (London: Routledge, 1991), 160-77.

⁸⁴ Miralles Sangro, *et al.*, 'Historia de la Escuela de Enfermeras "Salus Infirmorum" de Madrid'.

⁸⁵ Conde Mora, *Dª María de Madariaga y Alonso*, 62.

government.⁸⁶ Spanish nurses on the world stage embodied Franco's discourse of Cold War-era Spain as the 'spiritual reserve of the West'. Whereas foreign Catholic nursing associations often represented only a small part of their national nursing communities, excluding their Protestant or secular colleagues, the Spanish nursing community was, at least in the eyes of the SI leadership, 100% Catholic and uniquely committed to practising its profession in accordance with its faith. As a result, descriptions of international congresses, meetings and organisations were interspersed with patriotic exhortations to ensure that Spain was not left isolated on the international stage, and to demonstrate the faith and glory of the Spanish nation through the commitment and dedication of its nursing profession.⁸⁷

The Spanish desire to play a leading role in international Catholic nursing was symbolised by the debate about the new international CICIAMS insignia. In 1948 Madariaga proposed to the CICIAMS council meeting that the SI insignia should be adopted as the official symbol for the global Catholic nursing community, to be worn alongside national insignia, particularly at secular international conferences in order to mark out a distinct identity for Catholic nurses. In its account of the meeting, the *Salus Infirmorum* journal included detailed reports on the debates that followed, including lists of the countries which supported the motion and details of the opposition, which came primarily from the French association.⁸⁸ After a number of months of debate the proposal was adopted and was painted in assertively patriotic terms by the *Salus Infirmorum* editors, who described it as a victory in the 'battle' with France which bestowed 'honour and glory for Spain'.⁸⁹ Despite their professed enthusiasm for international cooperation, the SI leadership continued to see their international work, even within Catholic organisations, in combative terms, and the international stage as a site for the assertion of Spanish rights and dignity.

This patriotic self-assertion on the part of the SI leadership was actively supported by the Spanish state as part of its attempts to ameliorate Spain's post-war isolation. Madariaga had a close personal relationship with the Foreign Minister Martín Artajo, with whom she shared a background in Catholic Action from her time as leader of the organisation's female youth wing prior to the Civil War.⁹⁰ The role of SI in international nursing was of particular interest to those groups working to improve Spain's ties with Latin America. Madariaga's various trips to the region were supported by the Ministry of Foreign Affairs and the Institute of Hispanic Culture. The Director of the Institute, Joaquín Ruiz-Giménez, closely followed Madariaga's

⁸⁶ 'C.I.C.I.A.M.S.', *iFirmes!*, 15 (1956), 19.

⁸⁷ See for example 'El gran Congreso', *iFirmes!*, 20 (May 1958), 12-13.

⁸⁸ María Rosa Cardenal, 'C.I.C.I.A.M.S.', *Salus Infirmorum*, 6 (1948), 27-30.

⁸⁹ *Salus Infirmorum*, 8 (1948), 31-32.

⁹⁰ Conde Mora, *D^a María de Madariaga y Alonso*, 82.

successful struggle to position herself as the conduit for CICIAMS expansion to Latin America, in which Spain's claim to a special relationship with the region based on ties of *Hispanidad* was challenged by French arguments that a shared *latin* history and identity gave them a greater claim to the role than Spain. Writing to the Spanish ambassador in Uruguay prior to Madariaga's visit in 1949, he lauded the benefits of a new network of Latin American Catholic nursing associations under Spanish tutelage to the wider project of *Hispanidad*.⁹¹ For the Franco regime, international Catholic nursing represented another useful tool of post-war cultural diplomacy.

As well as promoting the interests and reputation of the Franco regime abroad, however, international nursing also provided Spain's Catholic nurses with the opportunity to buttress their domestic position *vis-à-vis* rival Falangist and state-led nursing associations. María de Madariaga was particularly keen to ensure that Spain's overwhelmingly Catholic nursing community was represented by SI rather than rival groups such as the Women's Section of the Falange. In this she was supported by the Pope and the Vatican hierarchy, which made continuous calls during the 1940s and 1950s for Catholic medical professionals to join Catholic, rather than secular, professional groups.⁹² Giuseppe Pizzardo, the Cardinal responsible for managing ties between CICIAMS and the Church hierarchy, argued that strong Catholic medical associations were needed to address the challenges of modern medicine. In particular, he attacked lay professional associations on the grounds that they were ill-equipped to deal with the moral challenges facing modern nurses, arguing that that laicism was 'equivalent to dechristianisation'.⁹³ For Madariaga, Spain's identity as an overtly Catholic state did nothing to diminish the relevance of this message. Addressing the issue in 1956, she argued that:

The existence of state organisations is not enough, however authentically Catholic the nation. In our case, with professional sanitary organisations, even when all the members are Catholics and even when these professional state organisations have, as in many cases, sections dedicated to defending religious and moral rights. It's not enough, we insist. The Pope promotes, insists and urges the organisations and vigorous existence of professional associations of the Church.⁹⁴

Despite the overtly Catholic identity and values of secular Spanish nursing groups such as the Red Cross and the Falange's Women's Section, Madariaga and the SI leadership saw their organisation as the only *true* representative of Catholic nursing. This belief was reflected in the emphasis they placed on international health and nursing as a concern for every Catholic nurse in Spain, not just the profession's leaders. Every issue of the *Salus Infirmorum* journal

⁹¹ AGA, (10)89 54/10098, Joaquín Ruiz-Giménez to Montevideo ambassador, 9 Aug 1949.

⁹² See for example the call from Dutch bishops urging Catholics not to join the Rotary Club in 1930. 'Orbis Terrarum', *The Tablet*, 16 August 1930, 23.

⁹³ Cardenal Pizarro, 'Consejo del CICIAMS, París, 1-3 June 1951', *Salus Infirmorum*, 8 (1951), 3-4.

⁹⁴ María de Madariaga, 'La Gran Consignia', *iFirmes!*, 15 (1956), 5.

contained reports on international organisations and conferences, focussing on the work of CICIAMS, the ICN and the WHO. In 1955, SI's National Secretary Carmen García Victoria published an article in the journal urging its members to actively engage with international organisations and debates wherever possible, arguing that by doing so 'you will make it possible for the voice of Spain's Catholic nurses to be heard and valued in environments hostile and indifferent to our religion'.⁹⁵ The active participation of all Catholic nurses in both national and international associations was, SI leaders argued, vital to ensure that they were strong enough to resist the materialist forces which beset modern society.

As well as helping to strengthen their interests as Catholics, international nursing also provided an opportunity for SI members to develop the kind of autonomous, high-profile public roles generally denied to women in Franco's Spain. One of the priorities of Francoist social policy was to reverse the reforms of the Second Republic which had granted women greater freedoms in family, educational and professional life, and which had seen women developing an increasingly public role. For the regime, the primary role of women was child birth and child rearing, and whilst young unmarried women could pursue careers relatively freely, it was expected, at least for 'respectable' middle class women, that professional ambitions would be subordinated to their role as wives and mothers.⁹⁶ Nurses played an important part in enforcing these expectations through their work in the field of infant and maternal health and their roles as visiting nurses. Paradoxically, however, nursing was one of the few professions in which women were able to forge prominent and influential careers. In many cases, senior figures within professional bodies such as SI were able to develop influential professional roles precisely because they remained unmarried, acting in direct contravention of the principles their organisations espoused, but using the freedom this granted them to pursue successful careers. Leading nurses such as María de Madariaga, much like the powerful leader of the Falange's Women's Section, Pilar Primo de Rivera, used the freedom available to them as unmarried women to pursue highly political and public roles.⁹⁷

Engaging with international nursing and international health provided further opportunities for SI leaders to develop their careers and engage in the kind of public, high-profile work which would have been impossible in other areas of public life. Catholic nurses taking part in international congresses and organisations described their activities in quasi-diplomatic terms,

⁹⁵ Carmen García Victoria, 'Organizaciones Internacionales', *¡Firmes!*, 12 (October 1955), 6-10

⁹⁶ Blasco, *Paradojas de la ortodoxia: política de masas y militancia católica femenina en España, 1919-1939*, 312-22.

⁹⁷ On the public role of the Sección Femenina during the period, see Kathleen Richmond, *Women and Spanish Fascism: The Women's Section of the Falange, 1934-1959* (London: Routledge, 2003); María Teresa Gallego Méndez, *Mujer, falange y franquismo* (Madrid: Taurus, 1983).

emphasising the unusual level of responsibility they carried on such occasions. 'Representing Spain at an international conference', wrote one SI nurses attending the International Congress on the Protection of Infancy in Stockholm in 1948, 'is a delicate mission for a woman.... [but] my fear of impotency in the face of my mission disappeared in the atmosphere of understanding and consideration towards my country.'⁹⁸ International nursing also involved promoting the reputation and values of modern Spain to an often hostile world. Accounts of Spanish nurses on the international stage often deployed the language of militarised, masculine heroism to describe their exploits. When María de Madariaga undertook a tour of Latin American in 1954 to encourage the formation of Catholic nursing associations across the region, the *Salus Infirmorum* journal described her role in the language of the *conquistadors*, 'passing her days and her nights pondering the way to conquer the entire world for Christ and for Spain'.⁹⁹ The role of the international nurse was also becoming increasingly professionalised and recognised as a distinct field in the post-war era. In 1955 CICIAMS began running 'International Training Courses' for senior nurses, including those from Spain. The month-long course was split between Paris and Geneva, and involved visits to a wide range of international organisations alongside courses delivered by senior international health officials. By taking part in these international activities, Spanish nurses were engaging in work that was both politically and professionally prestigious, and were able to use female forms of associationism as a route into male-dominated forums of international health.

The paradox of these autonomous and influential female roles lay in their implied defiance of Francoist restrictions on public activity for Spanish women. International engagement, however, also provided Spanish nurses with opportunities for more explicit criticisms of government policy. In the immediate post-war period such criticism was limited, subsumed within the general patriotic fervour surrounding any Spanish involvement in international health during the height of the regime's diplomatic isolation. Even during this period, however, accounts of international congresses and organisations provided an opportunity to express ideas which ran counter to approved Francoist policy. Reporting on a debate about housing policy at an international conference on infancy in 1948, for example, the SI nurses Milagros Cespedes set out the advantages of collective over individual housing for mothers, partly on the grounds that the more convenient location of shops and services allowed them more time to undertake paid work outside of the home.¹⁰⁰ Whilst such salaried work was extremely common for mothers in the poor urban suburbs in which SI nurses operated, it ran entirely

⁹⁸ Miagros Cespedes, 'España en el Congreso Internacional de Protección a la Infancia', *Salus Infirmorum*, 7 (1948), 27-28.

⁹⁹ 'María de Madariaga visita varios países de la América Latina', *iFirmes!*, 7 (1954), 7.

¹⁰⁰ Miagros Cespedes, 'España en el Congreso Internacional de Protección a la Infancia', *Salus Infirmorum*, 7 (1948), 27-28.

counter to Francoist social policy and discourse around motherhood, and it was extremely rare to find its benefits explicitly outlined in such a way during the period. In this case the policy could be openly expressed as an apparently neutral report on the proceedings of an international conference, legitimised by the prestige which Spanish participation in such forums enjoyed in the immediate post-war era. In this way, international developments in the fields of health and social policy could be disseminated within Spain despite their incompatibility with Francoist ideology.

Like the international work of ANCP members, however, the involvement in Spanish health professionals in post-war Catholic internationalism should not be conceived of as a form of pseudo-opposition, or the embrace of the 'international' as a rejection of an inward-looking national regime. Although more overt forms of opposition began to appear in international forums from the mid-1960s, during the 1940s and 1950s Spain's nurses harnessed the idea of a global community of Catholics to oppose the apparently threatening, anti-Christian developments within secular international health organisations. The struggle to 'rechristianise' Spanish medicine, promote the family and develop a form of modern healthcare based on Catholic values could be transposed almost wholesale onto the world stage, and pursued within an environment free from the criticism and hostility Spanish experts faced within non-Catholic international organisations.

Catholic Humanitarianism

Alongside these forms of Catholic international health, the immediate post-war era also witnessed the rapid development of new forms of Catholic humanitarianism. In response to the increasing global interest in the language and ideas of 'international development', Catholics around the world began to discuss what economic and social development meant from a Catholic perspective, particularly in relation to the 'Third World'. French Catholic intellectuals, for example, promoted their own models of economic development for colonial and post-colonial African states.¹⁰¹ Catholic missionaries struggled to reconcile traditional, charitable conceptions of missionary work with the ideas of those who saw the 'mission countries' as sites to promote new models of Catholic development, representing a third way between communist and capitalist materialism.¹⁰² Much of this debate was driven by the

¹⁰¹ Chamedes, 'The Catholic Origins of Economic Development after World War II'.

¹⁰² Charlotte Walker-Said, 'Science and Charity: Rival Catholic Visions for Humanitarian Practice at the End of French Rule in Cameroon', *French Politics, Culture & Society*, 33 (2015), 33-54.

expanding ranks of lay Catholic organisations, known at the time as International Catholic Organisations or ICOs, operating in the fields of health, welfare and humanitarianism.¹⁰³

These developments were both driven by and reflected within the Vatican and the Church hierarchy. Even before the Second Vatican Council emphasised the global social mission of the Church and of lay Catholics in the early 1960s,¹⁰⁴ the Vatican had been attempting to grapple with the challenges posed by post-war internationalism, the Cold War, and decolonisation. Pope Pius XII had regularly addressed the issues of Catholic participation in international organisations and international development from the end of the Second World War. In 1957 the Papal Encyclical *Fidei Donum*, called on the global Catholic community to focus its attention on Africa, and to support the work of both religious and lay missionaries in promoting spiritual and material development across the continent.¹⁰⁵ The encyclical was prompted both by increasing levels of nationalist agitation in the colonial African states, and by Cold War fears about the spread of communism within the continent. It became one of the main discussion points for Catholics meeting at the Universal Exposition in Brussels the following year, including those from Spain.¹⁰⁶

Spanish Catholics were intensively involved in these debates and were heavily influenced by these trends within the international Catholic community. The thousands of Spanish missionaries serving around the world were becoming increasingly professionalised, encouraged to develop the technical skills necessary to shape the social conditions of the countries they lived in, and thus moving beyond their traditional evangelising roles. Missionary work was also expanding beyond religious communities to include lay Catholics volunteering for limited periods to serve abroad, often bringing with them professional skills and experience in the fields of health and education. Catholic welfare organisations such as Caritas were inspired and shaped by the work of similar groups abroad, and formed part of wider international Catholic organisations and networks. At the same time, however, Spanish involvement in these forms of Catholic humanitarianism was unique in many respects, shaped by the direct influence of the Franco regime and by the context of Spain's position in the post-war world. Spanish missionaries were appropriated as a tool of Francoist foreign policy, used to bolster Spain's international reputation and to pursue its cultural diplomacy, while Spanish

¹⁰³ *Los católicos en la vida internacional*.

¹⁰⁴ 'Degree on the Apostolate of the Laity, *Apostolicam Actuositatem*, Solemnly Promulgated by His Holiness Pope Paul VI on November 18, 1965', http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651118_apostolicam-actuositatem_en.html (accessed 11 Jan 2016).

¹⁰⁵ '*Fidei Donum*: On the Present Condition of the Catholic Missions, Especially In Africa', 21 Apr 1957, http://w2.vatican.va/content/pius-xii/en/encyclicals/documents/hf_p-xii_enc_21041957_fidei-donum.html (accessed 11 Jan 2016)

¹⁰⁶ A. Maté, 'Cáritas presente en el día de "Civitas Dei"', *Cáritas* (Jul-Oct 1958), 5-11.

Catholic welfare organisations focussed on forms of anti-communist humanitarianism which were closely aligned with the policies and discourse of the regime.

For Spanish Catholics, the modern, secular language of 'development' was inseparable from the history and practice of Spanish missionaries who had been engaged in health and educational work across the globe since the 15th century. Precise figures are hard to come by, but it is clear that missionaries were by far the most numerous group of Spaniards involved in this kind of international welfare and humanitarianism during the immediate post-war period. In 1962 the Spanish government estimated that there were more than 26,000 Spanish missionaries working around the world, of whom nearly 16,000 were women.¹⁰⁷ Over 17,000 Spanish missionaries were based in Latin America, but large numbers also worked in Africa and Asia. Not all of these missionaries were involved in providing social and welfare services, and of those that were, the majority worked in the field of education running missionary schools and colleges. A significant number, however, were involved in the running of missionary medical services, particularly female missionaries working as nurses. Spanish missionaries ran hospitals, clinics and maternity units in Bolivia, Brazil, the Philippines and India, as well as in the African colonies of Spanish Morocco and Spanish Guinea.¹⁰⁸

From the late 1940s, both secular and religious organisations in Spain became increasingly interested in professionalising missionary work. This was particularly the case in the field of health, where missionary nurses were often required to carry out a broad range of medical tasks without the professional training needed to meet the technical demands of modern medical practice. From 1949 the Spanish Council of Missions (*Consejo de Misiones*) began to fund medical training for missionaries, first at the University of Salamanca and later at the newly-formed Spanish School of Medicine for Missionaries in Madrid. Their courses provided both theoretical and practical training for prospective missionaries. The aim was to provide training for missionaries, 90% of whom were women, who would be responsible for both diagnostics and treatment in missionary facilities which lacked qualified doctors. These efforts were combined with similar schemes organised by the Church, the Order of Malta in Barcelona and by *Salus Infirmorum*, and represented a concerted effort to improve the professionalism and quality of missionary health care.¹⁰⁹ The effects should not be exaggerated, however. By 1956 only 90 missionaries had graduated from the school in Madrid, and the total number of

¹⁰⁷ *España misionera: catálogo de las misiones y de los misioneros españoles*, (Madrid: Ediciones España Misionera, 1962), 3.

¹⁰⁸ *Ibid.*, 167-214.

¹⁰⁹ *Ibid.*, 405-10. Enrique Pelach, 'La Medicina en el Apostolado Misionero', *Misiones Extranjeras*, 2:7 (Jan-Jun, 1951), 36-44; Mercedes de Porras-Isla 'Cursillo de Formación Misionera', *Salus Infirmorum*, 1:17 (Jun 1951), 4.

missionaries attending these courses represented only a small fraction of those providing medical services abroad.¹¹⁰

These processes of professionalisation were also driven by Spanish lay missionaries, who were increasingly volunteering to spend periods of time working in Asia, Africa and Latin America. Many of these lay volunteers were nurses whose professional skills were much in demand among overseas missions. The work of lay missionaries was actively promoted by both SI and by the Church. SI established a dedicated missionaries' department in the early 1950s, which coordinated the organisation's missionary training work and requests from foreign missions for volunteer nurses.¹¹¹ During the 1950s its nurses volunteered as lay missionaries in Rhodesia, Indonesia and various Latin American countries. This interest in missionaries was reflected on an international level by CICIAMS, which saw medical missions as a means to develop Catholic nursing associations across the developing world, particularly in Africa.¹¹² In 1957 the Church hierarchy also established a body to encourage lay Spanish volunteers to work in Latin America, with placements coordinated by local bishops. Volunteers, the vast majority of whom were women, underwent three months initial training and were recruited in part for their existing professional skills. Although many worked in education, a large proportion of volunteers were nurses, medical assistants and doctors.¹¹³ These developments were actively encouraged by the Vatican. During the 1950s the Pope explicitly promoted the role of lay missionaries, particularly female assistants working in the fields of health and education, in promoting economic, social and spiritual development around the world. It was his address to the Second World Congress of the Lay Apostolate in October 1957, for example, which prompted Spanish bishops to encourage lay missionary volunteers to Latin America.¹¹⁴

The professionalisation and expansion of missionary work was also encouraged, however, by the Franco regime, which saw missionaries as a potential tool of foreign policy. The relationship between Spanish missionaries and the Spanish state underwent significant changes after the Civil War. The Franco regime increasingly attempted to coordinate and control missionary activity and to adopt it as a semi-official form of cultural diplomacy. The Council of Missions, which was instrumental in introducing professional training programmes for Spanish missionaries, had been established by the Ministry of Foreign Affairs in 1940. Its

¹¹⁰ *España Misionera*, 9:51 (Jul-Sep, 1956), 263.

¹¹¹ Mercedes de Porras-Isla 'Cursillo de Formación Misionera', *Salus Infirmorum*, 1:17 (Jun 1951), 4. See also the various articles on missionaries and tropical medicine in *Salus Infirmorum*, 1951-1956.

¹¹² *Salus Infirmorum*, 2:6 (Jun 1954), 27.

¹¹³ 'Obra de Cooperación Apostólico Seglar Hispano-Americano (O.C.A.S.H.A.)', *Cáritas*, 59 (Jul-Aug 1954), 10-11.

¹¹⁴ *Salus Infirmorum*, 2:6 (Jun 1954), 27; Pius XII, *Guiding Principles of the Lay Apostolate: Address of His Holiness Pope Pius XII to the Second World Congress of the Lay Apostolate, October 5, 1957* (Washington, D.C.: National Catholic Welfare Conference, 1957).

role was to coordinate state support and monitoring of missionaries abroad. The ministerial order announcing its foundation was clear as to the political importance of missionary activity:

The civilizing action which Spanish missionaries carried out in other eras was not only of historical importance and retrospective value, but continues to play a role in multiple countries today. The current number of our missions and missionaries and their incontrovertible and valuable contribution to the maintenance of the sense of *Hispanidad* amongst the nations which constitute the Spanish Empire attest to this fact. Spanish religious missions and missionaries are spokesmen for the fundamental principles of the tradition salvaged by our holy Crusade [the Spanish Civil War] and of Spanish cultural values.¹¹⁵

The figure of the Spanish missionary chimed with the regime's identification with the history and values of the Spanish Empire's 'Golden Age', and represented the spiritual and humanitarian counterpart to the martial 'crusade' of the Civil War. In his 1948 New Year message, Franco described Spanish missionaries as 'the most beautiful manifestation of the Catholic spirit of the Old Spain', and lauded their work in maintaining 'the love of the Motherland and demonstrating to the world our Christian spirit of peace and our desire to fight for the eternal values of Humanity'.¹¹⁶ At a time when the Franco regime was regularly accused of fascism, repression and violence by its foreign critics, the thousands of Spanish missionaries serving abroad could play a valuable role in projecting a peaceful, Christian and humanitarian image of Spain to the outside world. The Council of Missions aimed to integrate the work of missionaries with Spanish diplomatic services, 'the interpenetration of civil and religious powers to achieve a common goal', in the words of one of its senior officials.¹¹⁷ Its training courses and educational initiatives were designed to ensure that these Spanish missionaries-cum-diplomats had the expertise necessary to portray a positive image of Spain to the outside world.

The influence of regime was also evident in the work of Caritas, the most influential Catholic welfare organisation in post-war Spain. Spanish Caritas had its origins in the charitable campaigns and institutional structures established by Catholic Action following the end of the Civil War.¹¹⁸ Its initial goal was to coordinate and strengthen the Church's welfare activities, seen as vital to its efforts to win back the Spanish working classes and to 'rechristianise' Spain in the aftermath of the conflict. Its secretariat brought together representatives from the

¹¹⁵ Orden del Ministerio de Asuntos Exteriores, 5 Mar 1940, reproduced in *España misionera: catálogo de las misiones y de los misioneros españoles*, 17.

¹¹⁶ Mensaje de fin de año, 31 Dec 1947.

¹¹⁷ Manuel Rodríguez, 'Actividades del Consejo Superior de Misiones', *España Misionera*, 1:1 (Jan-Mar, 1944), 26-36.

¹¹⁸ José Sánchez Jiménez, *Cáritas española, 1942-1997: acción social y compromiso cristiano* (Cáritas Española Editores, 1998), 37-41.

diocese and the ecclesiastical hierarchies, alongside the various Catholic orders most closely associated with health, social and charitable work, including the medical confraternity of St. Cosme and St. Damian. In 1947 Caritas was formally established as an independent lay organisation, although one still affiliated with Catholic Action.¹¹⁹

Spanish Caritas also formed part of an international network of Caritas organisations, and from the very beginning its work was influenced by its counterparts abroad. This influence began even before the end of the Second World War, when Spanish church officials with ties to Germany began to bring back information about the welfare initiatives the Church had managed to maintain in the major German cities throughout the conflict.¹²⁰ In 1946 the director of Spanish Caritas, Jesús García Valcárcel, undertook a tour of the various European countries where Caritas branches had already been established, primarily Germany, France and Italy, to inform the development of Caritas in Spain.¹²¹ Spanish representatives were involved in the initial discussions concerning the foundation of an international Caritas organisation which took place in Paris in 1947, and in 1951 Spanish Caritas was elected to the executive committee of the newly-established Caritas Internationalis. García Valcárcel, who was also a member of the ACNP, was Spain's chief representative within the organisation and would go on to play an important role in its early development.¹²²

On a practical level, however, the international work of Spanish Caritas was shaped, not just by a sense of Catholic internationalism, but by the fervent anti-communism which characterised Spanish Catholicism under the early Franco regime. Aside from relatively small amounts of funding to support victims of natural disasters abroad, the largest and most high-profile international Caritas campaigns were dedicated to helping foreign victims of communism.¹²³ Its first major initiative came in 1949 in the form of support for orphaned refugee children from central and eastern European countries which had fallen under communist control. 20,000 of these refugee children were invited to visit Spain for summer holidays from their new homes in Austria and Germany, and on a few occasions were adopted by Spanish families.¹²⁴ The pattern was repeated following the Hungarian uprising in 1956. In cooperation with the Spanish government Caritas coordinated a 'Help for Hungary' programme, raising 5 million pesetas to fund supplies of food and clothing for refugees in Austria and Germany, university scholarships for Hungarian students, and employment programmes for Hungarian

¹¹⁹ Ibid., 78-81.

¹²⁰ Ibid., 43-44.

¹²¹ Ibid., 57.

¹²² Ibid., 72-74.

¹²³ Spending on disaster relief only amounted to 2% of Caritas' annual budget by 1969. *Actividades de Caritas Española* (1969), 84.

¹²⁴ Sánchez Jiménez, *Cáritas española, 1942-1997: acción social y compromiso cristiano*, 71-72.

refugees in Spain.¹²⁵ Three years later a similar programme was established for Cuban refugees fleeing the communist revolution on the island. Between 1959 and 1966 Caritas claimed to have supported almost 10,000 Cuban refugees who had moved to Spain, providing health, housing and educational services with the help of grants from the UNHCR.¹²⁶ During the whole period there was not a single large-scale campaign to support refugees who were not perceived to be victims of communism. International Catholic solidarity appeared to be limited to those cases which were aligned with the political outlook of the Cold War-era Franco regime.

Caritas's most important international relationship, however, was with the United States. Between the mid-1950s and the end of the 1960s, Caritas came to play a vital role in US-Spanish relations. In order to comply with the requirement for US aid to be supplied to 'non-political' organisations, the vast amounts of US social aid provided to Spain through the *Ayuda Social Americana* (ASA) programme was channelled through the National Catholic Welfare Conference (NCWC) in the US and distributed by Caritas in Spain.¹²⁷ The ASA, and by extension Caritas itself, came to play a vital role in Francoist welfare provision from the early 1950s until it was wound up in 1969. It consisted primarily of supplies of powdered milk and other foodstuffs, including cheese, butter and powdered egg, as well as other domestic supplies such as blankets. Caritas was appointed by the Spanish government to transport and distribute supplies, which were provided to children through the schools service, to poor families through organisations such as the Women's Section of the Falange and *Auxilio Social*, and to the sick and disabled through the SOE and Department of Health.¹²⁸ Over the lifetime of the programme the ASA supplied goods worth over 11,000 million pesetas, reaching an estimated 4.6 million Spaniards.¹²⁹ The sheer size of the programme dwarfed Caritas's other activities, contributing over 60% of its total budget in 1965.¹³⁰

For Caritas and for Spanish Catholics, the ASA helped to establish the Church within local communities and to gain access to poor, working-class neighbourhoods where its influence was weakest. In the context of the Cold War and of the Church's mission to 'rechristianise' Spain, it was a weapon with which to eradicate the legacies of Republicanism and communism,

¹²⁵ ANCWC, OGS Records, Box 197, Folder 63; AACNP, Jesús García Valcárcel file.

¹²⁶ 'Primera Conferencia Católica Internacional Pro Refugiados', *Cáritas*, 43 (Mar 1964), 8-9; 'Algunos Servicios de Cáritas en favor de los necesitados', *Cáritas*, 56-57 (Apr-May 1965), 10-11; 'Cáritas en el Comité Ejecutivo de la Alta Comisaría de Refugiados de la O.N.U.', *Cáritas*, 62 (Dec 1965 - Jan 1967), 7.

¹²⁷ Antonio Gutiérrez Resa, *Cáritas Española en la sociedad de bienestar, 1942-1990* (Barcelona: Editorial Hacer, 1993), 229.

¹²⁸ 'Ayuda Social Americana', *Cáritas* (Jan-Feb 1958), 8.

¹²⁹ AACNP, Jesús García Valcárcel file, 'La Caritas de Jesús García Valcárcel y sus Relaciones con la A.C.N. de P. y el Centro de Fundaciones', 4.

¹³⁰ 'De donde procede el dinero que distribuye Cáritas?', *Cáritas*, 56-57 (Apr-May 1965), 8-9.

and to win new adherents to the faith. In May 1958, the *Caritas* journal reproduced a letter from a parish priest in the Catalan town of Gerona which encapsulated Catholic attitudes towards the ASA. In his parish, the priest wrote, lived an old man who, like most of his neighbours, was completely distanced from the Church, and who 'under the Republic hung the Communist flag from the balcony of his house whenever the occasion permitted'. When he fell ill with cancer, however, the priest had begun to provide him with aid as soon as the local ASA programme began, and this support had gradually encouraged the man to look upon the parish 'with more benevolence and friendliness'. When his health suddenly deteriorated, the priest visited his home and found that he had constructed a small cross from two toothpicks. Visiting again the next day, the old man insisted on receiving the sacraments, and just a day later he died. The priest was clear about the role that the ASA had played in winning this particular convert from Communism to Christianity. 'God bless the American Aid', he wrote, 'which wins souls for the Lord!'¹³¹

Caritas and the NCWC played a crucial role in the developing relationship between Franco's Spain and the United States over the course of the 1950s. The NCWC's relationship with Franco's Spain had its roots in the Civil War, when it had denounced anti-clerical violence in the Republican zone and voiced its support for the insurgency. The NCWC began providing aid to Caritas in Spain in 1950, a process initially brokered with the help of Caritas Internationalis and the Vatican.¹³² In addition to the ASA, it also provided Caritas with regular donations in response to particular emergencies or natural disasters. The relationship between the two organisations proved useful to their respective governments. The heavy publicity given to the ASA programme within Spain helped to bolster the image of the US amongst the Spanish population, and to head off any potential criticism of the favourable treaties it had negotiated with the Spanish government in 1955. For the Franco regime, the ASA demonstrated to the Spanish people that their country had gained international acceptance and was benefitting from American support in a similar way to Marshall Plan recipients in the rest of Europe. It also provided both countries with a 'non-political' way to channel funds they wanted to remain hidden from public scrutiny. In 1957, for example, the Soviet Union repatriated hundreds of Spaniards who had fled to the country after the Spanish Civil War. The Spanish government allowed the CIA, whose European office was in Madrid, to interrogate the returnees about the military, political and social situation in the Soviet Union. In return the CIA agreed to pay 20

¹³¹ Reproduced in *Cáritas*, (May-June 1958), 17

¹³² Gutiérrez Resa, *Cáritas Española*, 225-27.

million pesetas towards the costs of their reintegration into Spanish society, payments which were channelled through the NCWC and Caritas.¹³³

Throughout the 1940s and 1950s then, Spanish forms of Catholic humanitarianism were fundamentally aligned with the diplomatic priorities and ideological outlook of the Franco regime. The Second Vatican Council, however, had a profound impact on the patterns of Spanish Catholic humanitarianism. In important ways it helped to break the link between Spanish Catholics and the Franco regime, adding impetus to the increasing Catholic opposition to the regime within Spain. Although the Church hierarchy and much of the Catholic elite remained loyal to Franco, the international humanitarian work of Catholic organisations was no longer so intimately tied to the interests and policies of the regime. From the 1960s, groups such as Caritas increasingly began to criticise the poverty and social exclusion which accompanied Spain's economic modernisation. Their understanding of international development and the Catholic role in the 'Third World' was influenced by debates in the Second Vatican Council, and by the work of Catholic organisations elsewhere in Europe such as the German welfare organisation MISEREOR.¹³⁴ At the same time, Catholics began to establish independent NGOs working in the fields of development, humanitarian and international health, the kind of civil society organisations which had failed to emerge under the early Franco regime but which would form the basis of the vibrant NGO sector which emerged after the transition to democracy.¹³⁵

Conclusion

Although it drew on theological concepts of the unity of mankind under God and on the transnational traditions of the Church, post-war Catholic internationalism was not a purely religious phenomenon. Beyond historical notions of a shared religious identity within the supranational structure of the Church, it represented a specific response to developments within the post-war world and to the emergence of a new secular international order. It built on over a century of Catholic efforts to respond to technological and economic globalisation, and to the forms of secular internationalism which emerged alongside them. The end of the Second World War prompted a renewed wave of religious devotion across the continent, but many Catholics feared that the post-war world would be dominated by the twin 'materialisms'

¹³³ AGA, 16/71.607, 'Documentación sobre repatriados de Rusia, 1957-58', 7 Mar 1957.

¹³⁴ Rueda de prensa sobre el plan C.C.B', *Cáritas*, 61 (Oct-Nov 1965), 5-10'; 'El Plan Social Baza, promovido por Carit s Nacional, est  transformando esa poblacion granadina', *ABC* (22 Jun 1970), 36.

¹³⁵ One such organisation was the international health NGO, *Medicus Mundi*, which is discussed further in the conclusion.

of Soviet communism and western capitalism.¹³⁶ In response, they established, re-invigorated or expanded a wide range of international Catholic organisations through which they aimed to cement Christian values at the heart of the international system. Through these organisations, they hoped to mobilise the world's Catholics against the global threat of materialism, and to strengthen Catholic influence within secular international organisations. Catholic internationalism, therefore, had something of a split personality, both inspired by and fearful of liberal and secular forms of post-war international cooperation.

Perhaps because of these contradictory forces, it was never a politically homogeneous phenomenon. Many of its most influential participants identified with the forms of Christian Democracy which played such an important political role across post-war western Europe. Uniting Catholic identity and values with a commitment to liberalism and the secular state, these international Christian Democrats played an influential role in the debates about human rights, welfare and social reconstruction taking place around the UN, and in the early stages of the European integration project. Not all Catholics, however, had suddenly been converted into liberal proponents of Christian Democracy at the end of the Second World War. As the example of Spain highlights, there existed both within and beyond Europe a large proportion of the Catholic population still wedded to pre-war concepts of political Catholicism and to the traditions of nineteenth-century Catholic integralism. In some cases they participated within the same international Catholic organisations and networks as their co-religionists, but in other cases they formed their own, more politically and theologically congenial organisations which adopted a more belligerent approach to the post-war secular order. Post-war Catholic internationalism was a diverse and malleable set of ideas and practice rather than a homogenous movement.

This diversity and malleability meant that Franco's Spain was able to use Catholic internationalism as one of its chief means to engage with the outside world during the immediate post-war period. Unlike secular international organisations and networks, Spanish intellectuals and experts were welcomed within many of these Catholic international structures. The historical prestige of Spanish Catholicism and the global Catholic mobilisation in support of Francoist forces during the Civil War ensured a broad sympathy for the Franco regime amongst the global Catholic community after 1945. Although international Catholic support for the Franco regime was far from universal, it was further strengthened by the emergence of the Cold War which helped to legitimise the Francoist emphasis on Spain's Catholic and anti-communist identity. This favourable political context, combined with the

¹³⁶ Tom Buchanan and Martin Conway (eds.), *Political Catholicism in Europe, 1918-1965* (Oxford: Clarendon Press, 1996).

intellectual and theological underpinnings of Catholic internationalism – the universality of mankind under God, the supranational authority of the Church, and the idea of solidarity among the global Catholic community – allowed Spanish Catholics to stake a claim for their inclusion within international Catholic organisations.

Even during the 1940s and 1950s, however, the relationship between Spanish Catholics and their counterparts abroad was far from straightforward. Whilst much of the global Catholic community had been happy to support rebel forces during the Spanish Civil War as the defenders of Christian Spain against the menace of Bolshevism, the post-war anti-fascist consensus complicated relations with the Francoist state. Christian Democracy could not flourish in post-war Spain in the way it did in the rest of post-war Europe. Those in Spain who did embrace Christian Democracy from the late 1950s did so by moving towards forms of internal opposition.¹³⁷ The 'moderate' Spanish Catholic elites, who shared many of the same theological and social assumptions of their European counterparts, remained isolated from mainstream European Christian Democracy by their inability to reconcile their vision of the Spanish state with liberal democracy. The fundamental incompatibility between National Catholic visions of an authoritarian, clerical Spanish state and mainstream Christian Democracy meant that Spanish influence was limited to the right-wing of post-war European Catholicism, symbolised by the former Vichy sympathisers and Eastern European exiles who were most prominent at the Catholic conferences held in Spain. During the immediate post-war period, therefore, Catholic internationalism represented one of the primary ways in which Franco's Spain was able to engage with the outside world, at the same time as it remained semi-detached from the global Catholic mainstream.

From the 1960s, in contrast, the Church increasingly became a source of both international and domestic opposition to the regime. Many of those Spanish Catholics who had been most exposed to international debates and trends during the 1940s and 1950s began to move towards the internal opposition. Traditional Catholic groups such as the ANCP began to be superseded by the technocrats of Opus Dei, who despite their commitment to economic modernisation and their ties with European business elites, remained opposed to the political and social liberalisation increasingly advocated by Catholics abroad.¹³⁸ Catholic health and welfare organisations in Spain, meanwhile, increasingly began to criticise the poverty and

¹³⁷ Natalia Urigüen, 'De reuniones de amigos a partidos políticos: la democracia cristiana española y el apoyo europeo durante el franquismo', in Lorenzo Delgado Gómez-Escalonilla, Ricardo Martín De la Guardia and Rosa Pardo Sanz (eds.), *La apertura internacional de España: entre el franquismo y la democracia, 1953-1986* (Madrid: Silex, 2016), 337-60.

¹³⁸ Juan Estruch, *Saints and Schemers: Opus Dei and Its Paradoxes* (Oxford: Oxford University Press, 1995).

hardship which accompanied economic modernisation. The influence of the Second Vatican Council helped to inspire a new generation of Catholic opponents to the Franco regime inside of Spain. Although Catholicism retained its central role within the ideology, identity and discourse of the Franco regime until the dictator's death in 1975, its ability to lend the regime international legitimacy became a thing of the past.

Conclusion and Epilogue

Nationalists in the Age of Internationalism

The preceding chapters have shown how the political, social and cultural context of Franco's Spain shaped the way Spanish experts thought and acted internationally, and how health and welfare stood at the heart of Spain's engagement with the outside world during the first two decades of the Franco regime. Rather than isolating themselves or turning inwards, Francoist elites were involved in a constant struggle to establish Spanish prestige and influence on the global stage, attempting to embed Spain into the international structures emerging around them, and to construct new patterns of international cooperation aligned with Spanish interests and ideology. Health and welfare experts were central to these efforts, able to exploit the ideas and practice which underpinned the internationalism of their profession, and to project an image of Franco's Spain as a modern, scientifically advanced and socially just state.

This thesis rewrites both the history of the Franco regime and the history of twentieth century internationalism by examining the two fields in the same context for the first time. By exploring what it meant for Francoist elites to think and act internationally, it demonstrates the influence of international organisations and networks on the way Francoists saw the world and Spain's place within it. It thus argues that authoritarian nationalist regimes and their supporters during the period were profoundly shaped by the development of international organisations, international structures and international society which had taken place over the course of the previous century, that they were nationalists in an age of internationalism. In turn, the thesis revises our understanding of the history of internationalism during the period. Moving beyond the traditional historiographical focus on international organisations and their liberal supporters, it shows how an array of competing and overlapping international projects emerged around distinct ideological, cultural, religious and geographical identities, drawing in adherents from across the political spectrum. By following the trajectories of individual experts, it demonstrates how the boundaries between these various internationalisms were blurred, showing how individuals were able to think about and engage with the outside world in different ways and adapt themselves to the changing international environment. In particular, by adopting the perspective of experts from an authoritarian nationalist regime it helps broaden and deepen our understanding of the 'dark side' of internationalism, the forms of cross-border cooperation which brought together fascist, right-wing and conservative forces to shape an alternative to liberal and socialist models of international society.

The importance of international cooperation, international organisations and international networks for Francoist elites reflects the extent to which Spanish nationalism during the early Franco era was framed and shaped by the history of internationalism. Central to the Francoist narrative was the idea of the rising or resurgence of the 'New Spain', brought about by the rebel victory in the Spanish Civil War. This idea implied that Spain was emerging from the setbacks it had suffered during the nineteenth and early twentieth centuries, recapturing some of the power and prestige of the 'Golden Age' of imperial expansion in Latin America and of economic, military and cultural influence in Europe. By the time of the Spanish Civil War, however, the world that Spain was 'rising' within had been shaped by more than a century of expanding international systems, networks and organisations, from the Congress of Vienna to the League of Nations. Francoists did still think of Spain's new dawn in military and imperial terms, most obviously in the plans to expand its imperial territories in North Africa. More importantly, however, the 'rising' or 'resurgence' of Spain meant gaining increasing power and influence within the international system and international organisations that existed at the time. Those Spaniards drawn to Nazi Germany during the Second World War envisaged Spain re-establishing its power and prestige within the Nazi-dominated 'New Order', a radical reimagination of the pre-war international system. The idea of *Hispanidad* rested, not on plans to re-establish Spain's formal empire in Latin America, but on providing leadership within a voluntary association of Ibero-American states, a vision which drew on the language and practices of internationalism, and on the history of similar quasi-imperial and associative movements, from the British Commonwealth to pan-Europeanism and pan-Americanism. One of the reasons Francoists were so exercised by the question of UN membership was the conviction that the dawning of the 'New Spain' should be reflected in a prominent and respected status for the country within the post-war international system. Strengthening the nation in Franco's Spain thus meant embracing contemporary models of international organisation and international cooperation in whatever forms they took.

This does not mean that Francoist elites were enthusiastic internationalists in the traditional sense of the term. The Francoist coalition was a broad one, united by the experience and memory of the Civil War, but divided on many fundamental political and ideological issues. Some, most notably lay Catholic elites, explicitly attempted to reconcile Francoism with the reality of contemporary internationalism. Writing in 1949, for example, Carlos Santamaría framed the question of international cooperation around a Christian notion of 'humanity':

This meaning of humanity which we defend, in no way stands in opposition to the just and authentic sense of nationality, only to that which is unjust and narrow. The motives of nationality can neither supersede those of humanity, nor be an obstacle to social and friendly

coexistence with the other countries of the world. And a political ideology which doesn't attend to the absolute principles of the spirit can in no way be the cause of distance between peoples, whose social, cultural and religious communication precedes any particular political forms.¹

For Santamaría, 'unjust' forms of nationalism risked undermining the natural unity of mankind and international cooperation between people of different countries. But far from being a criticism of Francoism or the Franco regime, Santamaría's argument suggested that the spiritual and religious basis of Spanish nationalism, or at least the version promoted by Spanish Catholics, placed it firmly within the family of 'just' and 'authentic' national sentiment. This echoed the arguments used by the Franco regime in support of its membership of the UN and its place within the post-war international community. Franco's Spain, it argued, was a fundamentally Christian country governed by a political system based firmly on Catholic values. Those who denounced it as a fascist-inspired opponent of the post-war international community were wrong. Spain was not governed by a closed and narrow form of nationalism, but by an open and outward-looking patriotism rooted in spiritual principles, and committed to international cooperation and coexistence.

For others, acting internationally was necessary to counter the threat posed by international communism. This argument was used both during the Second World War in support of Spain's involvement in the Nazi 'New Order' and in the war against the Soviet Union, and after the emergence of the Cold War when the Franco regime's anti-communist credentials were used to support its claims to international respectability. When the Organisation of American States (OAS) issued a denunciation of communism in 1954, the Spanish Ministry of Foreign Affairs argued that it provided an opportunity for Spain to improve its ties with Latin America in general, and with the OAS in particular. According to the Ministry's Director of Foreign Policy:

The radically critical attitude towards the subversive activities of international communism coincides in essence with the historical mission of the current Spanish state.... Precisely because of the internationalist character of the political offensive of communism, Spain finds itself in a favourable situation to initiate contacts and gestures of rapprochement towards the American Republics.²

In the Cold War era the international threat of communism gave Franco's Spain, which its adherents saw as the original anti-communist power, the opportunity to position itself as a leading player within the western international community. The language used by the Franco regime to describe the threat of international communism echoed the language of experts describing the global threat of infectious diseases. The same Foreign Ministry report argued

¹ 'Notas para el diálogo', *Documentos: Conversaciones Católicas Internacionales*, 3 (1949), 98

² AGA, MAE, 82/15970, Dirección General de Política Exterior, 'X Conferencia interamericana de Caracas, Organismos Internacionales, 15 Mar 1954'.

that Latin American states would be keen to cooperate more closely with Spain, the 'standard-bearer of international anticommunism', because communist subversion 'overruns all types of political and geographical borders.'³ According to this view, international cooperation was a necessity rather than a choice, required to guard against international political threats in the same way that cooperation in the field of health was necessary to prevent the spread of disease.

The majority of Francoist officials and experts shared this functional view of international cooperation, and thus pursued a more belligerent form of engagement with the outside world than did figures such as Santamaría. They accepted that Spain existed within an international system made up of a diverse and changing constellation of international organisations and networks, most of which did not share the values of Franco's Spain. Nevertheless, they felt strongly that the Spanish nation deserved a prominent and influential position within these organisations. When they suspected that Spain was not receiving the respect it deserved, whether in the context of the Nazi 'New Order' or in the post-war UN system, they reacted angrily, emphasising Spain's historical status and its commitment to international cooperation, while denouncing its opponents as politically motivated enemies of the Spanish people. In response to real or perceived attempts to marginalise or exclude them, they sought out new, more congenial forms of international cooperation within which Spain could claim the status and influence it deserved.

How does Franco's Spain contribute to our understanding of the history of internationalism during the middle of the twentieth century? First and foremost, it helps us develop a fuller picture of the character and chronology of international cooperation during the period. The forms of international exchange Francoist elites engaged in stretched beyond the liberal international organisations and networks which dominate much of the historiography. International exchange within the Nazi 'New Order' brought together adherents of fascist and radical right-wing movements from across Europe. Their efforts were fraught with tensions between the aspiration towards international cooperation and the realities of nationalist ideology, but existed within a much wider history of right-wing collaboration across borders. Francoist attempts to foster inter-imperial forms of cooperation in Africa and quasi-imperial regional identities in Latin America reflected the extent to which, even after the Second World War, European states saw international organisations and networks as a tool to consolidate their empires and strengthen their imperial status. The broad spectrum of post-war Catholic internationalism certainly encompassed the liberal proponents of European Christian

³ Ibid.

Democracy, but was in many ways a reaction against the liberal international order, reflecting the authoritarian impulses of the Vatican and the continuing influence of anti-liberal forms of political Catholicism in countries like Spain. Focussing on these 'alternative' patterns of international cooperation shows the limitation of accounts which paint internationalism as a unified, homogenous phenomenon, rising and falling in influence and popularity over the course of the twentieth century. While the late 1930s represented the nadir of liberal internationalism, for example, many Francoists saw the period from 1939 to 1943 as the peak of a new, modern international system led by the 'totalitarian' states, a system which had been slowly developing since the end of the First World War in response to the perceived failures of parliamentary democracy and the threat of global communism. The 1940s and 1950s were not characterised by the rise and fall of a unified model of internationalism, but by an evolving struggle between multiple competing and overlapping internationalisms.

The case of Spain also highlights the importance of hierarchies and 'outsiders' to the history of internationalism. Much of this history has been written from the perspective of those states, primarily in North America and Western Europe, which held dominant positions within international organisations and networks. The idealistic rhetoric of equality and inclusion which often dominated internationalist projects in these countries served to occlude the continued importance of power discrepancies or exclusionary practices within international organisations. Francoists, however, were painfully aware of Spain's status and position on the world stage, and their attitudes to international organisations and networks were shaped by Spain's peripheral or outsider status, whether real or perceived. In many ways Spain enjoyed an exalted status within the Nazi 'New Order', but even so Spaniards in Nazi Germany were keenly aware of their subordinate position in relation to their German allies. The UN, like the League of Nations before it, emerged as victors' club of wartime allies, and the status of 'ex-enemy' countries like Spain illustrated the limits to the universal rhetoric of post-war internationalism. Spanish attempts to forge alternative forms of international cooperation were motivated by a desire to establish Spain as a leading rather than a peripheral power on the world stage. The case of Franco's Spain thus brings to the fore the tensions between equality and hierarchy, between universalism and exclusion, which played such a profound role in the history of twentieth-century internationalisms. From the controversy surrounding the international isolation of Germany and Russia after the First World War to the debates about decolonisation at the UN during the 1950s and 1960s, international organisations and patterns of international cooperation have been shaped by tensions between powerful states and international outsiders.

Experts and expertise played a crucial role in these conflicts, particularly in the fields of health and welfare. Health and medicine had played an important part in the development of transnational society during the nineteenth century. The practical need to prevent the spread of disease, the idea of health as a 'technical' fields standing above political concerns and the idealism of many health experts, had all enabled agreements such as the International Sanitary Conventions to prefigure wider forms of international political cooperation. The same factors helped to ensure that, during the middle of the twentieth century, health and welfare continued to shape the wider history of internationalism. The idea of international health as a 'technical' field could be used to bind it to diverse political forms of international cooperation, from the Nazi 'New Order' to the UN. The global debate about different political models of the 'social state' ensured that health and welfare experts played a prominent role in socialist, fascist, liberal and religious internationalisms during the period. The increasing commitment to health as a 'universal' field meant that the membership of international health organisations often outstripped that of international political bodies, and could be used by international outsiders, from Franco's Spain to colonial states in Asia and Africa, as a gateway into the wider international system. Health and welfare experts, then, helped to fuel the emergence of competing, 'alternative' internationalisms, and of the post-war international tensions between the UN system's theoretical and rhetorical commitment to universalism on the one hand, and the existence of international hierarchies and outsiders on the other.

Ultimately, by studying international cooperation and exchange from the perspective of an authoritarian nationalist regime, this thesis undermines normative accounts of the history of internationalism. In their place, it argues that international cooperation was a feature of twentieth-century society which could be yoked to a politically diverse range of professional, religious, national or imperial interests and belief. Twentieth-century internationalism was not the antithesis of nationalism or imperialism. Rather, the histories of nationalism and the nation state, imperialism and internationalism were fundamentally entangled, and can only be understood in relation to each other. From the nineteenth century until the post-Second World War era, European imperial powers played a dominant role in shaping international organisations and networks. These same organisations and networks were also used to pursue national agendas and national interests, institutionalising the influence of the Great Powers while helping to legitimise and give voice to emerging and peripheral states. Liberal forms of internationalism were not somehow more legitimate, coherent or 'real' than illiberal, hierarchical or right-wing forms of internationalism. Socialist, religious, fascist, liberal, linguistic and scientific internationalisms all developed alongside and in response to each other. All involved some form of hierarchy underneath their rhetoric of universalism, equality and

cooperation, and struggled to manage tensions between local, national, regional and international interests and identities. All represented attempts to respond to the challenges posed by technological and economic globalisation, and a sense that the world was becoming ever more interconnected. Europe's twentieth century cannot be understood without taking account of these competing and overlapping forms of internationalism, and their influence on national and imperial histories.

Epilogue: 1959-1975

How did the international activities of Spanish health and welfare experts change after 1959? As discussed in the introduction, the year did not mark a clean break between two entirely distinct periods. Nevertheless, the period of 'late Francoism' from 1959 until the dictator's death in 1975 differed in many ways from the early years of the regime in the 1940s and early 1950s.⁴ A series of economic reforms were instigated by a new generation of economic technocrats linked to the Catholic group Opus Dei, who aspired to open up the Spanish economy to international markets whilst maintaining the political and social conservatism in the Franco regime. The Stabilisation Plan of 1959 cast aside two decades of autarky by liberalising trade, encouraging foreign investment, and opening up the Spanish economy to the influence of the western European 'economic miracle'.⁵ Despite the immediate pain caused by the process of readjustment, this change paved the way for the economic boom of the 1960s which unleashed almost three decades of suppressed economic potential and saw Spain achieve some of the highest levels of growth in the world economy, in the process transforming the country from a primarily rural, agricultural society to a urban one based around exports, services and tourism.⁶

The social and cultural changes these processes unleashed, combined with the increasingly stark inequalities, high levels of poverty and political repression which continued to beset Spanish society, helped to fuel a new wave of opposition to the regime. Much of this opposition came from within the Catholic Church, up until then one of the strongest pillars of support for the regime.⁷ A new generation of 'worker priests' and activists within Catholic

⁴ Nigel Townson, *Spain Transformed: The Franco Dictatorship, 1959-1975* (Basingstoke: Palgrave Macmillan, 2007).

⁵ Carlos Barciela (ed.), *La España de Franco (1939-1975): economía* (Madrid: Síntesis, 2001).

⁶ Townson, *Spain Transformed: The Franco Dictatorship, 1959-1975*.

⁷ Javier Tusell, *Franco y los católicos: la política interior española entre 1945 y 1957* (Madrid: Alianza, 1984); William J. Callahan, *The Catholic Church in Spain, 1875-1998* (Washington, D.C.: The Catholic University of America Press, 2000); Stanley G. Payne, *Spanish Catholicism: An Historical Overview* (Madison: University of Wisconsin Press, 1984).

workers' organisations (primarily the *Hermandad Obrera de Acción Católica*, or HOAC) became increasingly critical of the regime from 1960 onwards, later influenced by the liberalising trends within the global church and the Second Vatican Council.⁸ They were joined by the communist-influenced Workers' Commissions which had emerged within the official syndicalist structure, sparking a wave of strikes and protests which lasted sporadically from the mid-1960s until the end of the regime. The threat posed by these groups, as well as by the increasingly violent nationalist movement emerging from the Basque country, prompted a renewed wave of violence and repression from a regime which was increasingly split between those who envisioned some shift towards liberalisation and democracy after the death of Franco, and loyalists such as Blas Piñar who formed the 'bunker', hoping to maintain the fundamental features of the Francoist system after the dictator's death.⁹

These social and political changes inevitably affected the way Spanish experts engaged with the outside world during the 1960s and early 1970s, which was different in two key respects from the preceding decades. Firstly, the extent and pattern of international cooperation evolved. Spanish experts became much more closely integrated into international organisations and networks. The alternative networks which they had been involved in during the previous decades were becoming increasingly less important. Instead, they worked much more closely within mainstream international organisations such as the WHO and UNICEF, and with states such as the USA and West Germany. These changes reflected the altered international status of Franco's Spain during the period, no longer an outlier casting round for an international role, but an accepted and semi-integrated member of the Cold War West. Secondly, the nature of Spanish involvement in international health and welfare changed. A new generation of experts was emerging for whom the range of international professional opportunities mirrored those previously available to the generation that had come of age in the 1920s and early 1930s. Crucially, these experts did not see their international work through the prism of Spanish power and prestige as their predecessors had done. In turn, the Franco regime relied less heavily on experts to promote its image abroad now that its status within the international system had been broadly established. As a result, Spanish experts began to engage in international health, welfare and humanitarianism in more independent ways, working outside of state structures and state-backed organisations. As the period wore on and internal opposition to the regime grew, international health and welfare increasingly provided opportunities for Spanish experts to criticise social policies and social conditions

⁸ Stanley G. Payne, *The Franco Regime, 1936-1975* (London: Phoenix, 2000), 499-502.

⁹ Juan Pablo Fusi, 'La reaparición de la conflictividad en la España de los sesenta', in Josep Fontana (ed.), *España bajo el franquismo* (Barcelona: Crítica, 1986), 160-69; Paul Preston, *The Triumph of Democracy in Spain* (London: Routledge, 1986).

within Spain. These changing patterns helped to lay the groundwork for Spain's significantly increased involvement in all forms of international health and welfare following the transition to democracy.

By the late 1950s, the legacy of Spain's post-war exclusion from international health organisations had almost completely disappeared, and its role within them had become broadly normalised. Major Spanish health programmes, most notably the mass campaign against polio which began in 1958, were shaped by both European and international health organisations, particularly the WHO and UNICEF which provided information and advice to Spanish experts about the design of vaccination campaigns, as well as training and funding for rehabilitation services designed to support polio victims.¹⁰ Spanish experts played an increasingly prominent role within these organisations. In the field of polio, the infant health specialist Juan Bosch Marín served as vice-president of the European Association against Polio from 1955 to 1961, while the virologist Florencio Pérez Gallardo was appointed to the WHO's Regional Office for Europe. During the 1940s and early 1950s the only Spanish expert to hold a senior position within the WHO had been the exiled Republican Marcelino Pascua. From the late 1950s, however, the taint of the Franco regime no longer represented an impediment to the advancement of Spanish experts within the organisation. In 1959, for example, the dermatologist José Gay Prieto was appointed as the first Chief of the WHO Leprosy Unit, organising a global leprosy campaign that emphasised early diagnosis and rehabilitation.¹¹ This more receptive professional environment was mirrored by a more open attitude from leading Spanish health officials. Whereas José Palanca had retained an antagonistic attitude towards the WHO even after Spain had joined the organisation in 1951, his successor as Director General of Health, Jesús García Orcóyen, served on the organisation's Executive Board during the 1960s and as president of the European Regional Committee in 1971.¹² Francoist experts were no longer restricted to the margins of international health.

The centrality of the Cold War to Spain's international reintegration was reflected in the increasing importance of the US for Spanish health and welfare experts. Again, 1959 did not mark the beginning of this process. The CSIC had been providing scholarships for Spanish scientists and medical researchers to study in the US from as early as 1946, re-establishing ties formed by the *Junta para Ampliación de Estudios* (JAE) and the Rockefeller Foundation during

¹⁰ Juan Bosch Marín, *Los niños del mundo en los XXV años del UNICEF* (Madrid: Asociación de Amigos de UNICEF, 1971); María Isabel Porras, et al. (eds.), *El drama de la polio: un problema social y familiar en la España franquista* (Madrid: Catarata, 2013).

¹¹ 'Obituary: Dr. José Gay Prieto, 1905-1979', *International Journal of Leprosy*, 48:2 (1980), 206-07.

¹² WHO IRIS, 'Comité regional de l'Europe: Rapport sur la vingt et unième session', http://apps.who.int/iris/bitstream/10665/153017/1/EB49_9_fre.pdf (accessed 12 Jun 2016)

the interwar period.¹³ The Pact of Madrid in 1953 gave a boost to these initiatives, quickly confirming the USA as Spain's most important overseas ally and putting an end to the last vestiges of Spain's post-war diplomatic isolation. Much of the US support to Spain after 1953 was focussed on modernisation and technical development programmes, allowing US officials to maintain good relations with both the Franco regime and the democratic opposition.¹⁴ US officials saw education and research as vital to Spain's economic and social modernisation, and this was reflected in the series of technical and educational exchange programmes extended to Spain after 1953. The most important of these was the Fulbright Program, launched in Spain in 1958, which provided scholarships for students and researchers to work in the US. Over half of these scholarships were in the fields of technology, science and medicine. Cooperation in the fields of medical education and research continued to play an important role in Spain's cultural relations with the US for the remainder of the Franco era.¹⁵ Similar exchange programmes and research agreements were developed with other western European states, particularly West Germany which once again began to attract a large number of Spanish students and researchers from the late 1950s.¹⁶

Alongside this changing political context, Spanish experts no longer faced the economic constraints to international mobility and exchange which had hampered them during the 1940s and 1950s. The dire state of the Francoist economy in the decade following the Civil War had meant that access to foreign currency was extremely limited. This scarcity had had a serious impact on Spanish access to medicines and medical supplies, particularly during the Second World War, and had continued to impose financial constraints on international exchange after it. Throughout the 1940s, Spanish experts needed government approval to release foreign currency for trips abroad. Underfunded government departments and research institutions could only provide a limited number of scholarships and grants to support international exchange. Membership of institutions such as the WHO was valued in part because it provided Spanish experts with access to international funding, at the same time as government departments resented the financial contributions Spain was required to make. These economic constraints continued well into the 1950s. Returning from exile in Mexico in 1953, the doctor José Barón struggled to get access to foreign medical journals that required subscriptions to be paid in foreign currencies, and argued that the lack of foreign journals had

¹³ Lorenzo Delgado Gómez-Escalonilla, *Viento de poniente: el Programa Fulbright en España* (Madrid: LID Editorial, 2009), 32.

¹⁴ Lorenzo Delgado Gómez-Escalonilla, 'Modernizadores y tecnócratas: Estados Unidos ante la política educativa y científica de la España del desarrollo', *Historia y Política*, 34 (2015), 113-46.

¹⁵ 'Texto íntegro del Acuerdo de Amistad y Cooperación entre España y Estados Unidos', *ABC* (9 Aug 1970), 16-19; Delgado Gómez-Escalonilla, *Viento de poniente*, 62.

¹⁶ Carlos Sanz Díaz, 'El papel de la política cultural exterior en las relaciones hispano-alemanas, 1949-1966', *Ayer*, 69 (2008), 155-85.

hindered progress in all fields of Spanish science and culture.¹⁷ The rapid economic growth of the 1960s, however, largely put paid to these issues, particularly those caused by restrictions on foreign currency. Organisations such as the OEEC, which Spain joined in 1959, helped liberalise trade restrictions and provided the Franco regime with access to funding for the import of medical supplies and equipment.¹⁸

Spain's reintegration into international networks of education and research meant that the new generation of experts emerging from the late 1950s enjoyed a similar range of international opportunities to those that had existed during the 1920s and 1930s. Most of the leading experts from the previous generation had spent time studying or working abroad on JAE or Rockefeller Foundation scholarships, most commonly in the USA, the UK or Germany. For the new generation, scholarships from the Fulbright Foundation, the CSIC, the WHO, the Humboldt Foundation and individual universities provided similar international opportunities, and the USA and West Germany remained favoured destinations. At the same time, an increasing number of young doctors and medical researchers chose to emigrate in order to seek out better professional, academic and economic opportunities. In many cases the generational shift was a literal one, with patterns of international mobility replicated across generations within individual families. The Spanish cancer specialist, Juan Manuel Ortiz Picón, who had studied in Germany on a JAE grant during the 1930s, was able to help his son secure a scholarship to study ophthalmology in Dusseldorf in 1961.¹⁹ His colleague, Julián Sanz Ibáñez, who had been funded by the JAE to study in Vienna in 1932 and who had worked with the Rockefeller Foundation in Madrid, had a son who received a WHO scholarship to study in Bonn in 1964.²⁰ This younger generation had not been shaped by the Civil War in the same way as their predecessors and had no direct experience of the reduced levels of international mobility and professional opportunities which had followed it. Those growing up in a period of partial liberalisation and increasing internal opposition to the regime regarded international mobility and cooperation as a normal part of professional life, rather than as an opportunity to promote the status and influence of Franco's Spain.

The growing internal opposition to the Franco regime during the 1960s and early 1970s was increasingly reflected in the field of international health. Many of those who had willingly represented Franco's Spain on the international stage during the 1940s and early 1950s moved

¹⁷ CDMH, *Refugiados Españoles en México – Proyecto de Historia Oral*, Libro 13, entrevista con José Barón.

¹⁸ Historical Archives of the European Union, Florence, OEEC-316, 'Association of Spain with the work of the Organisation', 16 Feb 1959.

¹⁹ J.M. Ortiz Picón, *Una vida y su entorno (1903-1978): memorias de un médico con vocación de biólogo* (Madrid: CSIC, 1978), 308.

²⁰ *Académicos numerarios del Instituto de España, 1938-2004*, (Madrid: Instituto de España, 2005), 405.

towards open forms of monarchical or Christian Democratic opposition thereafter, from medical experts such as Primitivo de la Quintana to former Falangists such as Pedro Laín Entralgo and Catholics such as Carlos Santamaría. Anti-Francoist opposition among the post-war generation, particularly Catholics linked to organisations such as the HOAC, was reflected in Spanish health experts using international events to attack the regime. By the early 1970s, for example, Spanish nurses regularly used international forums to criticise Francoist policy. In 1972 the regional CICIAMS meeting for Europe held in Madrid was dominated by Spanish nurses and their concerns. Its sessions included explicit demands for the government to reform the Spanish health system, with widespread calls for the creation of a single Ministry of Health to help overcome the fragmentation and inefficiency of the current system. Participants at the conference also criticised the subordinate role of Spanish nurses in their work with doctors, and called for stronger representation and organisations of the nursing profession.²¹ The international context of these debates helped to lend legitimacy to the nurses' demands and cover to encourage their dissemination and reporting. The transformation of international organisations and events into opportunities to criticise the regime reflected the growth of anti-Francoist feeling within groups previously loyal to the regime.

Even where Spanish involvement in international health and welfare didn't involve active opposition, Spanish experts were increasingly acting outside of state structures and the institutions of the regime. Reflecting the gradual emergence of Spanish civil society groups from the early 1960s, in 1963 a group of Catalan doctors founded the organisation *Medicus Mundi*, bringing together doctors, pharmacists, nurses and medical assistants interested in promoting health in the developing world.²² Unlike Caritas, *Medicus Mundi* had no formal links to Catholic Action or to the Church hierarchy. Working alongside Spanish missionaries, it began by providing funding and equipment to support medical missionary services in Cameroon. Although operating on a small scale the organisation spread rapidly across Spain, and by the mid-1960s had begun programmes to train and fund medical volunteers to work in sites across Africa and Latin America. It also developed links with Catholic charities abroad, joining the *Medicus Mundi* International Federation which had its origins in German, French, Belgian and Dutch groups founded in the interwar period to support and promote medical missions.²³ Whilst the previous generation of Francoist experts had pursued their interest in international health and humanitarianism through government departments, universities, missionary

²¹ 'V Congreso Regional Europeo de Enfermeras Católicas', *Caridad, Ciencia y Arte*, 2:1 (Jun 1972), 7-11.

²² On the emergence of civil society in Franco's Spain, see Pamela Beth Radcliff, *Making Democratic Citizens in Spain: Civil Society and the Popular Origins of the Transition, 1960-1978* (Houndsmill: Palgrave Macmillan, 2011).

²³ Information supplied to the author by *Medicus Mundi*. See also *La Vanguardia*, 29 Apr 1964, 27; 2 Apr 1967, 57; 2 Sept 67, 15; 23 May 1971, 27; 3 Feb 1972, 25; 5 Aug 1973, 23.

networks or state-backed Catholic groups such as Caritas and Salus Infirmorum, the post-war generation was able to pursue international health and humanitarian work outside of the structures of the regime.

These developments did not mean that Spanish involvement with international health had become depoliticised, or that Franco's Spain had suddenly shifted from being a repressive, 'closed' society to a liberal 'open' one. However, they did reflect the fact that the domestic and international political context had changed. Spain's partial integration into the Cold War West had stabilised its relationship the western democracies and with the international organisations it had been admitted to, whilst the political ties between the Franco regime and parts of the Spanish elite had begun to fray with the growth of the internal opposition and the emergence of the post-Civil War generation. Spanish experts were thus even more internationally active, but they were no longer necessarily 'Franco's internationalists.'

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